

# ORTHOPAEDIC

# PHYSICAL THERAPY PRACTICE

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THE ORTHOPAEDIC SECTION  
AMERICAN PHYSICAL THERAPY ASSOCIATION



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# ORTHOPAEDIC AND SPORTS SECTIONS, APTA

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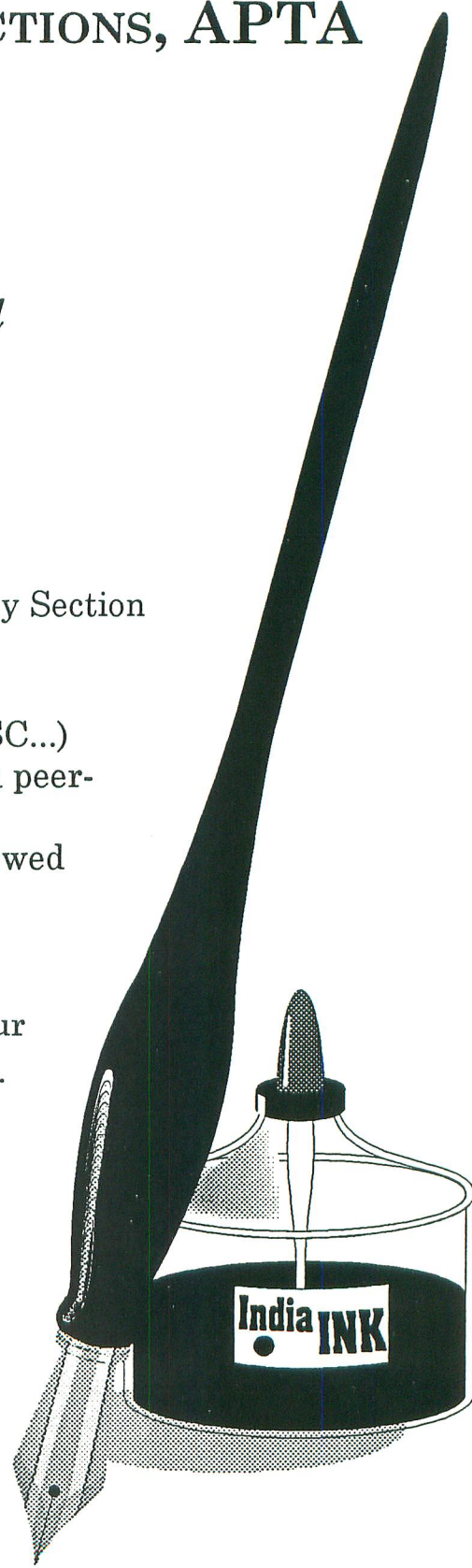
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**DEADLINE IS OCTOBER 1, 1997**





# ORTHOPAEDIC PHYSICAL THERAPY PRACTICE

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## Editor's Note

When I was first assigned to be editor of this publication, I felt like a guest on a sailboat who is offered the opportunity to take the helm while in the middle of a small, calm lake. What harm could I do? The owners of the ship (The Section) had enough faith in the crew (the Section staff) to know that there wasn't any danger that I would run her aground. This somewhat heavy analogizing, coupled with my sense of fantasy leads me to the bridge of the Star Ship Enterprise, where the course has been plotted and laid in by the navigator, and I (in my fantasy, now Jean Luc-Picard) get to stand on the bridge and simply say... "engage."

Sometimes putting out an issue of *OP* is that easy, which is a testament to the dedication and hard work of the Section staff. Sometimes I am forced to take command and make editorial decisions. Regardless of how any editor views their role, there is one constant - the written word. Early on in my editorial career, I was somewhat heavy handed, as the red ink tended to flow as thick as blood on a medieval battlefield (that's an award winning simile if ever I read one...or is that a metaphor?). I've since learned to be more accepting of different writing styles, especially because this is the forum for all Section members, not just those formally trained in writing.

As a consequence of availability of e-mail, a new and very casual writing style has emerged, and much of my correspondence arrives in that form. Often abbreviated and seemingly without structure, e-mail's instantaneous nature makes it wonderfully spontaneous. However, most of what I received wouldn't cut it in a freshman English class. And even if you argue that writing an e-mail message, still constitutes "writing," there are limits to what we'll accept at *OP*. Articles should have structured paragraphs and complete sentences. Sentences that have 50 or more words in them are generally a tad too long! The following are examples of two newspaper headlines that might require some editorial assistance. "Minors Refuse to Work After Death" and "Hospitals are Sued By 7 Foot Doctors."

Those of you that spend your free time "chatting" and e-mailing, without the benefit of grammar, structure or a spell-check should remember that good writing skills are still an asset in the workplace, and will always be valued by this publication. This summer, spend some free time writing or reading. These are skills that will serve you well for a lifetime.



Jonathan M. Cooperman,  
MS, PT, JD

# President's Message

## San Diego, 1997 Scientific Meeting and Exposition

For those of you who attended the Orthopaedic Section Business Meeting May 31st and who visited our booth during the conference - a hearty thank you! Once again the Section's Board of Directors (BOD) returned home with new directives which will be addressed at our Fall Board strategic planning meeting to be held in Chicago, September 26 and 27, 1997. The BOD will also take the opportunity to develop a three year strategic plan at this meeting. Please see the committee reports (pages 18-20) for section activity since CSM this past February.

## JOSPT Publication

Our current publishing contract with Williams and Wilkins ends 12-31-98. Over the past 12 months the Orthopaedic and Sports Sections have been investigating publication options beyond 1998. The Sections' Executive Committees have narrowed the field to three candidates. The choices were determined based on a report from an external proposal reviewer and a blinded review of the proposals by the Section's Executive Committee. Negotiations with the three candidates will begin immediately.

## JOSPT Office

Since 1990 the *JOSPT* office has been located in Iowa City, Iowa. As of January 1, 1999 the journal office will relocate to La Crosse, Wisconsin and be housed in the East River Professional Park building. The Section office has occupied the second floor since the completion of the building in November, 1995. The decision to move the office to La Crosse was based on the content of the journal publication proposals, potential cost savings, and office stability. In addition, the Orthopaedic and Sports Section Executive Committees believed it is to our advantage to have the *JOSPT* office staff be employees of the Sections as opposed to being employees of whomever the editor happens to be. Plans to develop the future home of the *JOSPT* office will begin immediately.

## JOSPT Editor-in-Chief

The Orthopaedic and Sports Sections have put out a Request For Applications (See inside front cover) for the Editor-in-Chief *JOSPT* with the editor assuming the duties on January 1, 1999. A search committee chaired by Dan Riddle, Research Committee Chair of the Orthopaedic Section, has been established. Representatives of the Orthopaedic and Sports Sections make up the search committee. A blinded review of the applications will occur to narrow the field of candidates to three. The three finalists will be interviewed by the search committee with the selection being announced at the Combined Sections Meeting to be held in Boston, February 1998.

## Clinical Residency Update

By the time you read this, the current task force charged to review and revise credentialing guidelines for clinical residency programs and faculty will have sent a complete report to the APTA BODs for their November, 1997 meeting. Besides the recommended credentialing guidelines, and appeal process, a budget and marketing plan were included in the proposal. I hope to have news to report to you at the upcoming CSM regarding APTA BOD action on this issue.

## Congratulations!

Past Orthopaedic Section Presidents Jan Richardson, Annette Iglarsh, and Stanley Paris were elected to APTA positions during this meeting. Jan is the newly elected APTA President and Annette and Stanley were elected to the APTA BODs. Babette Saunders, past Treasurer of the Orthopaedic Section, was also elected to the APTA BODs. We wish them well in their new positions and owe them a debt of gratitude for their willingness to serve the Association.

## Thank You!

Section office staff, whose hard work and preparation facilitated a very productive meeting. Jan Richardson, newly elected APTA President, for her valuable insight and efforts this past year as APTA BOD liaison to our Section. Scott Stephens, for five years of valuable service as Chair of the Section's Practice Committee. Scott stepped down from the position at the completion of the

meeting. Thank you to the guests who joined us for our "candidate reception" Sunday evening June 1.

## Welcome

Lastly, I would like to welcome Helen Fearon and Steve McDavitt to the Orthopaedic Section BOD. They will Co-chair the Section's Practice Committee. Their combined expertise in the area of practice will be invaluable to the continued growth of the Section.



William G. Boissonnault, MS, PT  
President

## PROPOSED VETERINARY SPECIAL INTEREST GROUP

The Board of Directors will be discussing issues relating to the formation of a veterinary special interest group within the Orthopaedic Section at their fall strategic planning meeting this September in Chicago. If you have any concerns or comments regarding the Section including veterinary physical therapy as a special interest group, please call, fax or e-mail your comments to the Section office prior to September 15, 1997.

The Board encourages and appreciates your input.

# FROM THE SECTION OFFICE

Terri A. DeFlorian, Executive Director

The Board of Directors met during the APTA Scientific Meeting and Exposition in San Diego, California last May/June. Following are the highlights from that meeting:

1) The Board voted to implement career starter dues for graduating students, provided that the APTA continues their career starter dues program.

2) The Board voted to provide a \$5,000 grant in matching funds in 1997 to the Pennsylvania Chapter in support of litigation involving chiropractors using the term "physical therapy."

3) The Board voted to grant \$1,000 in 1998 to the APTA Private Practice Section for their Treatment Plan Literature Search grant pool.

The Section is currently preparing for

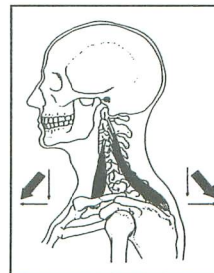
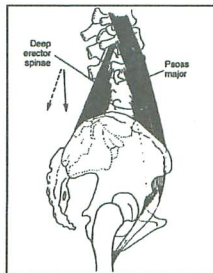
the August Finance Committee Meeting in La Crosse, Wisconsin and the Fall Board of Directors Meeting in Chicago, Illinois. The focus of the Finance Committee meeting will be to review investment policies and prepare the 1998 budget for approval at the Board of Directors meeting in September. Long range planning will be the main item on the agenda at the Fall Board meeting. Among the items to be discussed include the Section's mission and objectives, the Section office, committee roles and structure, meetings, and special interest groups.

We have some Orthopaedic Section staff updates. Linda Weaver, Secretary to the Executive Director, was approved by the Board in May/June to go from 30

hours per week to 40 hours per week, effective immediately. Lori Flesher resigned her position as Publishing Assistant effective June 13. The title of this position has been changed to more accurately reflect the job responsibilities. The new title is Education Assistant. Sheila Ness was hired as the new Education Assistant and began work on July 11. Fran Dodge was added to the Publishing Department staff at the end of April as our new Managing Editor. Her main responsibilities are publishing refereed journals that the Section has outside contracts for. We welcome Fran & Sheila as the newest additions to our growing staff.

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# Snapping Hip Syndrome

By Ron Scott, JD, PT, OCS

## INTRODUCTION

Snapping syndromes at or near joints are very common. Because significant pain and/or serious disability associated with snapping syndromes rarely occurs, conservative, intervention is normally employed to resolve signs and symptoms. Patients with snapping syndromes usually respond favorably to the following conservative interventions:

- patient education to avoid the activities of daily living that produce the snap,
- selective stretching of soft tissue structures, such as the proximal iliotibial band (ITB),
- selective muscle strengthening exercises to stabilize joints affected by snapping, and
- reassurance that the problem is not, and probably will not become more serious.

## SNAPPING HIP SYNDROME (SHS)

According to Schaberg, snapping hip syndrome is "well recognized, but sometimes poorly understood." (1) Most of the journal articles in the professional literature addressing SHS were published early in the twentieth century. In 1919, Mayer attributed SHS to a thickening of the posterior ITB. (2) Over time, however, surgeons, other health care clinicians, and researchers came to realize that SHS often has a source other than the posterior ITB.

## ANATOMY OF THE ITB

The ITB is a nonelastic, thickened collagen strip of deep fascia lata extending from the iliac crest to Gerdy's tubercle on the anterolateral tibial condyle. (3) The ITB converges in the area of the greater trochanter with the tensor fascia lata anteriorly and the gluteus maximus posteriorly. Its deep fibers inset at the linea aspera ("rough line") of the femur, and some of its superficial fibers attach to the lateral femoral condyle. Other superficial fibers and some middle fibers of the ITB insert into the lateral aspect of the patella, forming part of the lateral retinaculum. The most distal fibers of the ITB insert into Gerdy's tubercle. The significance of the ITB crossing both the hip and knee joints will be elaborated

upon in the discussion of gait analysis.

## BIOMECHANICS

Co-contraction of the gluteus maximus and the tensor fascia lata muscles, along with the linea aspera attachment of the ITB, help to firmly anchor the ITB over or posterior to the coronal plane of the hip at the greater trochanter, facilitating hip extension, and anterior to the coronal plane at the lateral knee, facilitating knee extension. Static slouching while in a standing posture is possible in part because of the ITB, the tensile strength of which was described by Inman as equivalent to that of soft steel.

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Because significant pain and/or serious disability associated with snapping syndromes rarely occurs, conservative, intervention is normally employed to resolve signs and symptoms.

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(4)

The effects of weightbearing on the joints adjacent to which the ITB passes are as follows:

- Weightbearing creates increased compressive forces at the hip and knee joints.
- Weightbearing creates increased frictional forces at the bony processes in contact with the ITB—the greater trochanter and lateral femoral condyle.
- Weightbearing increases tension at the lateral retinaculum of the knee, creating a propensity for patellar subluxation.

These forces and the relative position of the ITB with respect to the hip and knee joint creates a bias favoring tibial external rotation, hip internal rotation, and possibly an inferior ipsilateral pelvic shear.

## GAIT CONSIDERATIONS

During the swing phase of gait, the

proximal ITB slides anterior to the greater trochanter, facilitating hip flexion. After approximately 30° of knee flexion, the distal portion of the ITB slides posterior to the lateral femoral condyle, facilitating knee flexion.

After heel strike, the proximal ITB slides posteriorly over the greater trochanter as the hip extends, and moves maximally in a posterior direction at about toe-off. During this stance phase of gait, the distal ITB slides anteriorly with knee extension.

## ETIOLOGY OF SHS

### 1. Proximal ITB (Friction) Syndrome

Biomechanically, proximal ITB friction syndrome occurs when the thickened posterior portion of the proximal ITB slides over the greater trochanter with the movements of hip flexion, adduction, and/or internal rotation. The following are characteristics of proximal ITB syndrome. The syndrome is an inflammatory condition often secondary to overuse. The resulting inflammation may or may not cause trochanteric bursitis. Snapping associated with the syndrome may or may not be audible or visible, and may or may not be painful.

Gose and Schweizer (5) divided proximal ITB syndrome patients into four populations:

- Early adolescent patients in the midst of bone growth spurt with associated ITB tightness,
- Pediatric orthopaedic patients with neuromuscular pathologies, including cerebral palsy, muscular dystrophy, and polio, among others,
- Athletes, especially runners (distal ITB friction syndrome) and cyclists (proximal ITB syndrome), and
- Adolescent female patients with vague anterolateral knee pain complaints, which might be indicative of the tight distal ITB. (6)

Contributing anatomical factors associated with proximal ITB syndrome include: genu varum, internal tibial torsion, excessive pronation of the feet, and perihip myostatic muscle contractures. (7) Gose and Schweizer opined that the syndrome is slightly more common in females than males, possibly due to the wider female pelvis and more prominent



greater trochanters, causing the proximal ITB to traverse a greater relative distance than in the male subjects.

A standard screening test for proximal ITB syndrome is Ober's test, in which the patient is tested sidelying, with the affected side positioned superiorly, and the knees flexed or extended. (In the extended knee position, the ITB should be maximally taut.) Once positioned, the physical therapist passively moves the hip to be tested in extension and abduction, and then relaxes the limb into hip adduction posterior to the coronal plane. The test is considered positive for proximal ITB syndrome if the hip tested does not adduct beyond a point at which the thigh is horizontal, and/or if lateral hip pain or tightness is reproduced. Gose and Schneider attempted to quantify proximal ITB syndrome into minimal, moderate, and severe, based on the final position of the tested hip relative to the horizontal plane.

Melchoine and Sullivan (8) reported on a modified Ober's test, during which patient test hip extension and knee flexion each were measured at 5°, and the pelvis was kept level using a specially designed level. A quantitative measurement of test hip adduction was obtained using an inclinometer, and both intra- and intertester reliability was found to be good to excellent.

## 2. *Gluteus Maximus Muscle*

A gluteus maximus muscle with an abnormally thick anterior margin has also been implicated in SHS. The mechanism for this etiology of SHS is that the thickened muscle edge causes excessive friction when it slides over the greater trochanter with active hip flexion and internal rotation. (9)

## 3. *Trochanteric Bursitis*

There are three normally occurring trochanteric bursae: the large subgluteal bursa, separating the deep surface of the gluteus maximus from the greater trochanter; the trochanteric bursa, between the insertion of the gluteus maximus and the vastus lateralis muscles; and the ischiogluteal bursa, overlying the ischial tuberosity. (10) The subgluteal and trochanteric bursa are the two peri-trochanteric bursae implicated in SHS.

Bursae are fluid-filled sacs lined with an endothelial membrane similar to synovium. They are located near joints and bony prominences, and function to decrease the friction, of necessity, occurs with movement.

There are two types of bursae—those

normally present and those that develop as a result of trauma or excessive movement friction. The latter classification of bursa is called "adventitious."

Bursae are subject to inflammation (adventitious more often than normally occurring bursae) from several cases, including: acute or chronic trauma associated with overload or overuse; acute or chronic pyogenic infection; and systemic diseases, such as rheumatoid arthritis, tuberculosis, gout, and syphilis. Trochanteric bursal inflammation often results in SHS.

Conservative treatment for trochanteric bursitis is universally recommend over surgical intervention. (11) Physical therapists are very familiar with treating this etiology of SHS; measures include, among others: rest, selective soft tissue stretching, general and selective muscle strengthening, and adjunctive modalities. Non-physical therapy conservative interventions include: prescription of nonsteroidal anti-inflammatory medication and judicious use of local steroid injections. Surgical intervention for chronically inflamed trochanteric bursae include (in ascending order of severity): aspiration, incision and drainage, bursectomy, and excision of an associated bony prominence.

## 4. *Fibrous Mass/Osteochondroma*

A fibrous mass in the deep fascia lata has been reported as a cause of SHS. (12) Osteochondromas peri-greater or lesser trochanter have been reported to lead directly or indirectly (through trochanteric bursitis) to SHS. (13)

## 5. *Intra-articular Hip Lesions*

Intra-articular hip lesions, including labrum and capsular tears and other loose bodies, have been implicated as causes of SHS. (14)

## 6. *Habitual Hip Dislocation*

Stuart and Epstein (15) described two cases of habitual voluntary hip dislocation in 4 and 6 year old female subjects. Both displayed normal development, range of motion, strength, and gait, and both could voluntarily dislocate their hips posteriorly with volitional hip flexion adduction. The only relevant abnormal finding in both subjects was generalized mild joint laxity.

The authors of the study classified patients with recurrent hip dislocation into these categories—patients with: involuntary post-traumatic dislocation; voluntary nonhabitual dislocation associated with paralysis or recognized joint laxity syn-

dromes, such as Ehlers-Danlos or Downs syndromes; and voluntary habitual dislocation.

The authors suggest that the last category of patients with chronic hip dislocations tend to display significant generalized joint laxity, but not associated with any specific laxity syndrome.

## 7. *Fibrous Mass*

Brignall and Stainsby (16) reported on a case involving a patient who developed a fibrosis in the central part of the gluteus maximus muscle secondary to a single intramuscular injection of an anti-emetic medication. The fibrosis resulted in a local contracture of the muscle, causing SHS. The authors pointed out that such a fibrosis was more common after multiple intramuscular injections into the gluteus maximus muscle, and that this case might have resulted from traumatization to a blood vessel due to failure to aspirate the needle before injecting the medication.

## 8. *Iliopsoas Tendon Anomalies*

Schaberg, Harper, and Allen (17) reported on eight patients whose SHS was caused by friction associated with slippage of the iliopsoas tendon over either the iliopectineal eminence of the pelvis of the lesser trochanter. This snapping syndrome occurs with volitional or passive movement of the affected hip into extension from a flexed, abducted, and externally rotated position. The exact etiology to the SHS was discovered through diagnostic imaging by cine-fluoroscopy. (In all eight patients, plain radiographs were read as normal.)

Of the eight patients studied, two received only local steroid injections. One of these two patients became and remained asymptomatic for eight months, and the other had no relief of symptoms. Six patients underwent operative procedures; four underwent resection of bone spurs at the lesser trochanter. Five of the six operative patients became completely asymptomatic, and one had recurrence of a lesser trochanter bone spur, which was excised in a repeat surgical procedure. That patient improved, but did not achieve full resolution of snapping and pain.

## AGE RELATED CHANGES

Rather than being associated with an increased incidence of SHS, age generally is a natural limiter of SHS. There are two primary reasons for this assertion. Bone growth stops between ages 18 to 25, putting an end to related tension on the ITB.

And, because the overwhelming majority of adults become progressively more sedentary with increasing age, the propensity for friction syndrome associated with overuse diminishes.

Geriatric patients, therefore, are less likely to be affected by SHS than younger patients. This is supported by the studies in the literature, in which no patient studied was older than age 32. Older patients, however, may be particularly affected by at least one known etiology for SHS—trochanteric bursitis, associated with hip joint osteoarthritis. Older patients may also develop SHS as a result of calcific tendinitis affecting peri-hip musculature.

### PHYSICAL THERAPY INTERVENTIONS

In the acute stage of SHS, rest (or at least activity modification), active-assistive and active motion, adjunctive modalities, and patient education are appropriate. As the patient with SHS becomes sub-acute, progressive ambulation (with or without assistive devices), selective soft tissue stretching and joint mobilization techniques, selective strengthening of musculature to stabilize against the propensity to snap, and patient and family education should be undertaken. In the longer term, the physical therapist should analyze the patients' work or other activity-of-daily-living (ADL) environment for causative factor and try to decrease or eliminate them, with the goal of enabling the patient to return to normal ADL, with appropriate stretching before and after exercise or sports.

### SURGICAL INTERVENTIONS

The surgical interventions for bursitis have already been addressed, as has the Z-plasty of the iliopsoas tendon and excision of bony exostoses. After conservative measures have failed, surgeons may also consider lengthening Z-plasty of the proximal ITB, when appropriate. In such a procedure, the incised flaps are sutured to the peripheral fascia lata. Crenshaw (18) advocated that the proximal ITB Z-plasty be done under local rather than general anesthesia. He believes that the proximal ITB becomes relatively difficult to localize when all surrounding musculature is relaxed. Also, the patient can often voluntarily cause the affected hip to snap during surgery while under local anesthesia, facilitating better localization of implicated structures and more precise diagnosis.

### CASE REPORT

This case report concerns a 22 year old active duty white male Army soldier, whose military occupational specialty (job description) is combat infantryman. He developed acute left lateral hip discomfort after marching 20 miles and carrying out exhaustive calisthenics exercises. He displayed an audible, palpable, and visible voluntary clunk associated with active hip internal rotation, adduction, and mild flexion, as well as tenderness to palpation peri-greater trochanter and moderate restriction with Ober's test. Plain radiographs of the left hip were normal. The physical therapy diagnosis was snapping proximal ITB syndrome with acute inflammation secondary to overuse.

The patient was referred to the facility orthopedic surgeon for evaluation to rule out a hip dislocation, which the surgeons did rule out. The initial physical therapy course of treatment consisted of activity modification, nonsteroidal anti-

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...this condition is most amenable to conservative treatment, irrespective of etiology, and physical therapy interventions are particularly useful in reducing or eliminating sign and symptoms of pathology.  
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inflammatory medication (Motrin), moist heat and phonoporesis (hydrocortisone) followed by active range of motion of the left lower limb with instructions to avoid voluntary snapping and patient education and reassurance. After five treatments, the patient was discharged asymptomatic, and instructed to continue with progressive return to duty, and to return to the physical therapy clinic in six weeks or earlier, as needed.

Three weeks after discharge, the patient returned to the clinic with an acute exacerbation of his previous symptoms. He was hospitalized after consultation with the orthopedists for supervised rest from vigorous activity, and treatment regime similar to what he underwent as an outpatient ensued. The author requested that the orthopedists conduct cine-fluoroscopy of the left hip to rule out voluntary hip dislocation, which the surgeons agreed to. The diagnostic imaging

study revealed only a snapping proximal ITB, and no evidence of hip dislocation. The patient gradually improved over four weeks, and was discharged with a progressive program of return to normal ADL that included strengthening of bilateral peri-hip musculature, and adequate stretching before and after Army and personal physical training. The patient did not return for a scheduled six week post-discharge follow-up.

### CONCLUSION

SHS is a common musculoskeletal problem that may have one or more common or unexpected causes. As every author in the professional literature agrees, this condition is most amenable to conservative treatment, irrespective of etiology, and physical therapy interventions are particularly useful in reducing or eliminating sign and symptoms of pathology. Therapist should also consider, when treating and establish goals for patients with a diagnosis of SHS, to think long-term, and be sure to educate these patients on the value of strengthening and stretching in sports and other ADL to prevent recurrence. This long-term, patient responsibility focus is especially important under cost-containment managed care environments, where the therapist may have only a few visits to maximize progress for patients with SHS.

### REFERENCES

1. Schaberg JE, Harper MC, Allen WC. The Snapping Hip Syndrome. *Am J Sports Med.* 1984;12(5):361-365.
2. Mayer L. Snapping Hip. *Surg Gyn Obst.* 1919;29:425-428.
3. Hollinshead WH. *Textbook of Anatomy.* 3rd ed. Hagerstown, MD: Harper & Row; 1974:391.
4. Inman VY. Functional Aspects of the Abductor Muscles of the Hip. *J Bone Joint Surg.* 1974;29A:607-619.
5. Gose JC, Schweizer P. Iliotibial Band Tightness. *J Orthop Sports Phys Ther.* 1989;10(10):399-407.
6. McConnell J. The Management of Chondromalacia Patella: A Long-Term Solution. *Aust J Physiother.* 1986; 32:215-233.
7. Nicholas JA. *The Lower Extremity and Spine in Sports Medicine.* Vol 1. St Louis, MO: CV Mosby Company; 1986:100.
8. Melchoine WE, Sullivan MS. Reliability of Measurements Obtained by Use of an Instrument Designed to Indirectly Measure Iliotibial Band Length. *J Orthop Sports Phys Ther.* 1993; 18(3):511-515.

9. Crenshaw AH. *Campbell's Operative Orthopaedics*. 8th ed. St Louis, MO: Mosby Year Book Publishers; 1992: 1941.
10. Crenshaw AH. *Campbell's Operative Orthopaedics*. 8th ed. St Louis, MO: Mosby Year Book Publishers; 1992:1949.
11. Crenshaw AH. *Campbell's Operative Orthopaedics*. 8th ed. St Louis, MO: Mosby Year Book Publishers; 1992: 1945.
12. Brignall CG, Brown RM, Stainsby GD. Fibrosis of the Gluteus Maximus as a Cause of Snapping Hip. *J Bone Joint Surg*. 1993;75A:909-910.
13. Crenshaw AH. *Campbell's Operative Orthopaedics*. 8th ed. St Louis, MO: Mosby Year Book Publishers; 1992: 1941.
14. Crenshaw AH. *Campbell's Operative Orthopaedics*. 8th ed. St Louis, MO: Mosby Year Book Publisher; 1992: 1941.
15. Stuart PR, Epstein HP. Habitual Hip Dislocation. *J Ped Ortho*. 1991;11(4): 541-542.
16. Brignall CG, Stainsby GD. The Snapping Hip: Treatment by Z-Plasty. *J Bone Joint Surg*. 1991;73B:253-254.
17. Schaberg JE, Harper MC, Allen WC. The Snapping Hip Syndrome. *Am J Sports Med*. 1984;12(5):361-365.
18. Crenshaw AH. *Campbell's Operative Orthopaedics*. 8th ed. St Louis, MO: Mosby Year Book Publishers; 1992: 1941-1942.

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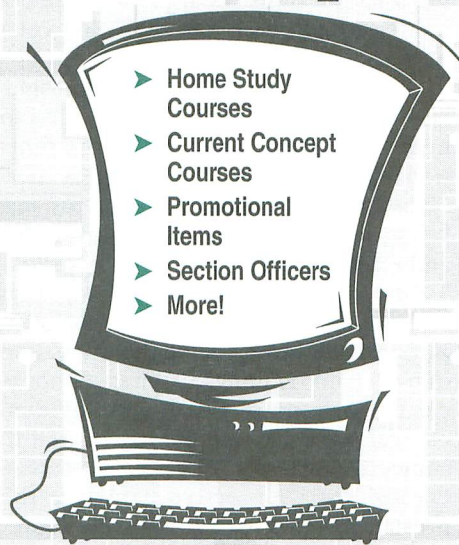
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# Abstracts and Book Reviews

Coordinated by Michael J. Wooden, MS, PT, OCS

**The Association between Clinical Findings on Physical Examination and Self-Reported Severity in Back Pain. Results of a Population Based Study.** Michel A, Kohlmann T, Raspe H. *Spine*. 1997;22(3):296-304.

Cross-sectional population based studies with clinical relevance are crucial to improving our awareness to the many factors influencing multi-faceted problems, such as back pain. The authors should be commended on this study. They realized that the assessment of the severity of back pain has been controversial and often back pain cannot be given a specific etiologic or pathophysiologic based diagnosis. Back pain has become a major public health problem with a large socioeconomic burden on Western industrialized countries. As a result, an epidemiological based study allows a large population to be studied from a variety of perspectives.

The cross-sectional survey was randomly sent to 3,969 of 215,000 inhabitants of Lubeck, North Germany with 3,109 (80.6%) of the individuals responding to this survey. The questionnaire gathered information on demographics, education, health status, health care use, functional disability, and back pain.

There were three central back pain questions: (1) Do you have back pain today?; (2) Have you had back pain within the last 12 months?; and (3) Have you ever had back pain before (more than 12 months ago)?

Respondents that reported back pain the day of the survey or within one year were invited in for a clinical examination. Ultimately, 1,275 people fit the criteria to attend the clinical examination and 875 (68.6%) of the invitees actually attended the examination.

On the day of the clinical examination, functional disability was assessed using the 12-item Hannover Activities Daily Living Questionnaire. Sample questions included the following:

Can you reach up to take a book from an upper shelf?

In order to catch a bus, can you run a fast 100 meters without stopping?

Pain intensity the day of the exam was self-reported on a 1 to 10 scale. Low

pain intensity was assumed for the values smaller than five and low disability for scores greater than 70% in the functional disability questionnaire.

Clinical examination efforts focused on 34 orthopaedic, rheumatologic, and psychosocial measurements. The clinical assessment measurements were divided into four groups: static measurements, dynamic measurements, neurologic findings, and nonorganic physical signs. Logistic regression analysis results of the static measurements indicated side plumb line, scoliosis, and pain on percussion of the spine were the best predictors of back pain severity. Other results found that dynamic measurement of fingertip-floor distance, lateral flexion and rotation; neurologic signs including presence of a positive pseudo-Lascque test, diminished sensation, motor deficit and hand muscle strength along with the nonorganic physical signs of passive rotation, superficial tenderness and overreaction were the best predictive values of back pain severity. The variables that attained significance were fitted into a model to then allow calculation of classification statistics to estimate the predictive qualities of the model. Model sensitivity was 62.8% and specificity was 83.56%. Overall, the actual outcome using a kappa statistics approach found a moderate agreement of 0.47 between pain and disability status.

As a practicing clinician, this and similar epidemiologic studies are needed to help understand how self-report functional scales relate to clinical test measures. At this time, the difficulty of analyzing research is that different scales and examination approaches are used.

The strength of this study was that few epidemiologic studies have included physical measurements in the evaluation of back pain. Findings that impact physical therapy point out that individual clinical signs are only poorly related to subjective severity. The strongest association with subjective pain was the presence of positive "nonorganic signs."

The future challenge is further study about nonspecific low back pain from a biopsychosocial perspective with further assessment related to occupation, fitness level, and the effectiveness of interven-

tions and outcomes data. This study and more epidemiologic studies are definitely a must for the future in the field of physical therapy.

*Edie Knowlton Benner, MA, PT, OCS*

**A Cross-sectional Study Comparing the Oswestry and Roland-Morris Functional Disability Scales in Two Populations of Patients With Low Back Pain of Different Levels of Severity.** Leclair R, Blier F, Fortin L, Proulx R. *Spine*. 1997;22(1):68-71.

The purpose behind this cross-sectional study was to compare the correlation between two functional disability scales in two different low back pain populations. The authors wanted to determine if the Oswestry and Roland-Morris scales were able to discriminate between one population of individuals with first episode low back pain and no radiculopathy and a second group that consisted of patients with low back pain, clinical and electromyographic evidence of radiculopathy.

In this randomized control study, 100 patients that were receiving compensation by the Quebec Workers Compensation Board and had been injured less than three months completed the two questionnaires as part of a back school program. The second group of 100 participants responded to questionnaires immediately following their electromyographic analysis.

Demographic data indicated the mean duration of symptoms for the low back pain only group was 2.3 weeks and for the group with radiculopathy it was 28.1 weeks. The mean score for the low back pain only group was 33.0 on the Oswestry and 45.4 on the Roland-Morris questionnaire. The multiple linear regression showed a statistically significant difference between the two groups as the group with radiculopathy had a 49.1 on their Oswestry and 59.1 on their Roland-Morris scores. Also, the Pearson correlation coefficients between the two scales indicated that the linearity expected between the Oswestry and Roland-Morris was adequate for correlation.

The key point behind this study was to realize that functional disability scales are popular and are important as components of our assessment and functional outcomes data in the physical therapy profession. Consequently, fairly simple studies like this continue to contribute to the database trying to determine if these self-report questionnaires really do have the ability to differentiate different severity levels of low back pain. However, the future focus of functional disability scale validation must include assessing functional capacities of the participant, rather than solely diagnostic categories.

*Edie Knowlton Benner, MA, PT, OCS*

**Shoulder Rotator Torque and Wheelchair Dependence Differences of National Wheelchair Basketball Association Players.** Nyland J, Robinson K, Caborn D, Knapp E, Borsky T. *Arch Phys Med Rehab.* 1997;78:358-363.

The object of this study was to determine if National Wheelchair Basketball Association (NWBA) players of differing classifications had significant differences in concentric isokinetic peak shoulder rotator torque and torque ratios, and wheelchair locomotion dependence.

The hypothesis was that there is a relationship between subacromion impingement and imbalance of shoulder rotator muscles as being caused by abnormal forces on the shoulder for locomotion with a wheelchair.

The purpose of the study was to determine if NWBA player classification resulted in statistically significant differences in (1) concentric isokinetic peak torque of the shoulder internal and external rotation, (2) the ratio of dominance and nondominant concentric isokinetic peak torque of shoulder internal rotation and external rotation, and (3) wheelchair dependence for locomotion.

The method used was a sampling of 117 participants in a wheelchair basketball tournament with different classifications of 1, 2, and 3, in which class 1 had a greater wheelchair dependency than class 3. Class 1 had no motor function above T7, class 2 had complete motor loss originating at T8 and descending through L2, class 3, 1, 2 and under including lower limb amputees, 33 asymptomatic volunteers participated in an isokinetic study using a Cybex II. Peak torque was determined at 60 deg/sec and 180deg/sec for external rotation and in-

ternal rotation of the shoulder.

Results showed that (1) differences did not exist among the concentric isokinetic peak shoulder rotator torque or nondominant/dominant torque ratio of differing NWBA player classifications or other populations, (2) differences did not exist in nondominant/dominant external rotator torque ratios with class 1 wheelchair basketball players failing to demonstrate the symmetry of external rotator torque (attenuation of dominance) demonstrated by class 2 or 3 wheelchair basketball players or other population with specific weakness, (3) class 1 wheelchair basketball players were more dependent on wheelchairs as their primary mode of transportation than class 2 or 3 players, and this dependence related to differences in nondominant external rotation torque producing capacity.

Based on the study the authors believe that the class 1 athletes may be at greater risk for developing muscular imbalances than the class 2 and 3 counterparts because of greater wheelchair dependence, inherently less trunk control, and lack of acquired shoulder external rotation. What the study does not show is that there is a relationship between the muscle imbalance in subacromion impingement. The authors do recognize the importance of a complete examination of the shoulder girdle including functional evaluation of the shoulder external rotation and scapula retractors as integrated members of the global kinetic chain that has an origin primarily from a sitting position. Further study is needed to determine the relationship between the actual shoulder injuries and the findings of the study.

*Fred Smit, PT*

**Frequency and Characteristics of Side Effects of Spinal Manipulative Therapy.** Senstad O, Leboeuf Yde C, et al. *Spine.* 1997;22(4):435-441.

The purpose of this study was to analyze the side effects after spinal manipulative therapy (SMT) conducted among chiropractors in Norway. The sample included 1058 new patients receiving 4712 treatments. A survey was completed by participating chiropractors through a patient interview with specific questions designed by the authors. Data was returned anonymously.

The results of the study were as follows: 53% of the new patients were

women and 47% were men, 38% of all treatment sessions consisted of only soft tissue mobilization (STM), 36% consisted of SMT and STM, and 25% used a combination of several methods, 55% of patients reported at least one reaction and of the 4712 treatments, 25% (1174) resulted in at least one reaction. Two reactions or more were reported after 251 treatments (5%). The most common side effect was local discomfort which occurred for more than one half of the symptoms. One third of the symptoms included headaches, tiredness, and radiating discomfort. Dizziness, nausea, and hot skin were rare. Most of the reactions (64%) occurred within four hours and 74% disappeared within 24 hours. Radiating discomfort lasted longer (>24 hours) in 64%, followed by local discomfort (51%). Severity of reactions were classified as mild (35%), moderate (50%), unpleasant (11%), and unbearable (1%). After STM, 11% could not perform the activities of daily living. Positive association between severity and duration of the reaction was noted.

The significance of the study is that it is important to understand the probability of a patient experiencing side effects with spinal manipulative therapy and to have a clinical basis to predict duration, severity, type, and latency of the side effect. It is important to differentiate between normal and abnormal side effects since a therapist may need to alter their treatment plan or working hypothesis based on outcome.

*Sylvia Horton Mehl, PT, OCS*

# JAMES A. GOULD III



## RESEARCH AWARD CRITERIA

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### Purpose

1. To acknowledge and honor authors of outstanding clinical research investigations which make significant contributions to orthopaedic physical therapy.
2. To contribute to the quality of research in orthopaedic physical therapy.

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3. Authors of winning papers will be requested to submit abstracts for platform or poster presentations at the Combined Sections Meeting of the American Physical Therapy Association (APTA). The articles will be recognized as recipients of the James A. Gould Award during the presentations. The Section will provide \$300 in expenses for attendance at the Combined Sections Meeting for one author for each of the three winning papers.

### Eligibility

1. The lead author must be a member of the Orthopaedic Section, APTA, at the time the research investigation is submitted.
2. Members of the Orthopaedic Section Board of Directors and members of the Selection Committee shall not be eligible for the award.

### Guidelines for Submission

1. The research must make significant contribution to clinical practice in orthopaedic physical therapy.
2. The paper must adhere to accepted research and statistical methods.
3. The paper must be a research investigation.
4. The paper must be submitted in conformance with the "instructions to authors" as published in the most recent issue of JOSPT.
5. Submission must be original, unpublished, and must not currently be under review or consideration for publication in any journal.
6. The deadline for submission of research investigations to the Orthopaedic Section office is September 15.

### Procedure for Review and Selection

1. The Selection Committee will be appointed by the Editor - in - Chief of JOSPT and will be composed of three members of the Board of Associate Editors of JOSPT. The committee will review the submitted articles and recommend the award recipients to the Orthopaedic Section Board of Directors.
2. The winning papers must be judged as publishable in JOSPT by the Selection Committee and the Editor in Chief of JOSPT. If none of the papers are judged to be publishable, the award will not be given.
3. The recipients of the award will be approved by the Orthopaedic Section Board of Directors.
4. Any member of the Section Committee closely associated with any of the nominated papers shall abstain from participating in the review and selection process, or shall request to be replaced on the committee by another member of the Board of Associate Editors of JOSPT.
5. The award will be presented only if there are qualified papers and one is selected.

The Orthopaedic Section, APTA, Inc., would like to congratulate all of the following individuals who have recently become Orthopaedic Certified Specialists.

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# ORTHOPAEDIC SECTION

## Tentative Schedule

### WEDNESDAY, February 10, 1998

8:00-5:00 Current Concepts in Total Knee Arthroplasty

### THURSDAY, February 11, 1998

8:00-12:00 Multi-Section Program  
A Guide to Physical Therapist Practice, Part II: Preferred Practice Patterns

12:30-3:30 Oncology for the Rehabilitation Professional  
Joint program with Oncology Section

1:00-4:30 Legal and Ethical Concerns in Orthopaedics  
Jonathan Cooperman, MS, PT, JD  
Ron Scott, JD, PT, OCS

1:00-3:00 Application of Practice Parameters to Patients with Musculoskeletal Pathology  
Joint program with Sports Section

3:30-4:30 Update on OCS Certification and Recertification  
Jean Bryant, Joe Godges, Bill O'Grady

4:30-6:30 Unopposed Exhibit Hall Break

### FRIDAY, February 12, 1998

8:00 Orthopaedic Section Board and Committee Chair Meeting

8:00-12:30 Upper Quadrant Evaluation and Treatment of the Musician  
Joint program: Performing Arts SIG and Hand Section  
Moderator:  
Marshall Hagins, MA, PT

8:00-8:30 Epidemiology of Upper Quadrant Injuries in the Musician  
Brent Anderson, PT, OCS

8:30-9:15 On-site Evaluation and Treatment of Two Musicians  
Jeff Stenback, PT

9:15-10:00 Ulnar Neuropathy in the Musician  
Michael Charness, MD

10:00-11:00 Exhibit Hall Break

11:00-11:45 Treating the Neural Consequences of Repetition in Musicians and Keyboard Users  
Nancy Byl, PT, PhD

11:45-12:30 Case Study Presentation Panel

8:00-10:00 Functional Outcomes in Chronic Pain Management  
Pain Management SIG  
Programming  
Moderator: Joe Kleinkort, MA, PhD, PT  
Speakers:  
Harriet Wittinik, MS, PT, OCS  
Daniel Carr, MD, FACPM  
Anita Wagner, PharmD

8:00-10:00 Practical Rehabilitation & of the Knee

11:00-12:00 Joint program with Sports Section Knee SIG  
Moderator: Gary Shankman, OPA-C, PTA, ATC  
Speakers:  
Jeff Konin, MEd, ATC, MPT  
Terry Trundle, PTA, ATC

8:00-10:00 Case Management and the Physical Therapist  
Joint program with Community Health Section

10:00-11:00 Unopposed Exhibit Hall Break

11:00-2:30 Occupational Health SIG Programming  
Moderator: Gwen Parrott, PT

11:00-12:00 Hot Topics Forum: Status on Ergonomic Regulatory/Certification Issues  
Speakers: TBA

1:00-2:30 Diversifying your Industrial Physical Therapy Practice  
Steve Crandall, PT, OCS  
Stephen Hunter, PT, OCS

1:00-2:30 Performing Arts SIG Research Workshop  
Moderator: Marshall Hagins, MA, PT

1:00-2:30 Single Subject Research Design and Options for Data Analysis and Manuscript Preparation  
Speakers: Nancy Byl, PT, PhD  
Jennifer Gamboa, MPT  
Phyllis Browne, PT  
Robert Turner, PT

2:30-3:30 Unopposed Exhibit Hall Break



# 1998 CSM BOSTON

## Feb. 10-15, 1998

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1:00-5:30	Foot and Ankle SIG Programming Moderator: Steve Reischl, PT, OCS	<b>SATURDAY, February 13, 1998</b>	3:15-4:00	Treatment of Foot and Ankle Injuries of Dancers: Focus on Kinetic Chain Speaker: TBA		
1:00-2:30	First MTP, First Ray, Mechanics and Pathology Deborah Nawoczenski, PhD, PT Judith Baumhauer, MD	8:00-9:00	Foot and Ankle SIG Practice Committee Meeting	4:00-4:45	Imaging and Surgical Treatment of Foot and Ankle Injuries of Dancers Lew Schon, MD	
2:30-3:30	Exhibit Hall Break	8:30-10:00	Occupational Health Business Meeting	4:45-5:15	Case Study Presentation=09	
3:30-4:10	Nerve Entrapment Mike O'Donnell, DPT, OCS	9:00-10:00	Manual Therapy Roundtable Business Meeting Pain Management SIG Business Meeting Performing Arts SIG Business Meeting Veterinarian PT Informational Meeting	2:00-5:00	Introduction to Animal Rehabilitation Moderator: Lin McGonagle, PT	
4:10-4:50	Achilles Tendon Injuries: Repair Jim Zachazewski, MS, PT, ATC, SCS	9:00-10:00	Foot and Ankle SIG Business Meeting	6:00-7:00	Paris Award Lecture	
4:50-5:30	Sinus Tarsi Syndrome Steve Baitch, PT	10:00-12:00	Unopposed Exhibit Hall Break	7:00-10:00	Black Tie and Roses	
1:00-2:30 & 3:30-5:00	Spine Dysfunction: Stability, Mobility and Respiratory Mechanics Joint program with Cardiopulmonary Section Mary Massery	12:00-2:00	Orthopaedic Section Business Meeting and Luncheon	<b>SUNDAY, February 14, 1998</b>	8:30-12:30	Eccentric Control of Movement: Relevance to Orthopaedics and Neurology Mark Trimble, PhD, PT, OCS
1:00-2:30 & 3:30-5:00	The Lumbar Spine and its Influence on Pelvic Dysfunction Joint program with Women's Health Section Mark Bookhout	2:00-5:00	Manual Therapy Roundtable Programming Manual Therapy Approach to Exercise with Low Back Pain Moderator: Laurie Kenny, PT, OCS Speakers: John Olson, MA, PT, OCS Jim Rivard, PT, MOMT	8:30-12:30	Nonoperative and Operative Management of Adolescent Idiopathic Scoliosis Joint program with Pediatric Section	
3:30-5:00	Neck Problems in Patient with Vestibular Dysfunction Joint program with Neurology Section Patricia Winkler	2:00-5:15	Foot and Ankle Problems of Dancers Performing Arts SIG and Foot and Ankle SIG Programming Moderator: Marshall Hagins, MS, PT	8:00-12:00	OH SIG Board Meeting	
		2:00-2:30	Epidemiology of Foot and Ankle Injuries to Dancers Jennifer Gamboa, MPT			
		2:30-3:15	Treatment of Foot and Ankle Injuries of Dancers Lynn Meadoff, MA, MPT			

# ORTHOPAEDIC SECTION, APTA, INC.

## BUSINESS MEETING

**PT '97: SCIENTIFIC MEETING AND EXPOSITION  
SAN DIEGO, CALIFORNIA  
MAY 31, 1997**

**MINUTES  
(6/6/97)**

### **CALL TO ORDER AND WELCOME -**

President, Bill Boissonnault, MS, PT

A. Approve the Scientific Meeting and Exposition Business Meeting agenda as printed. Agenda stands as printed.

B. Approve the Combined Sections Meeting Minutes dated February 15, 1997 as printed in the Spring 1997 issue of *Orthopaedic Physical Therapy Practice*. Minutes approved as printed.

### **TASK FORCE REPORTS**

#### **A. Clinical Residencies**

The current APTA task force regarding the credentialing process of clinical residency programs and credentialing of clinical residency faculty consists of Bill Boissonnault; George Davies, President, Sports Physical Therapy Section; Jan Richardson, newly elected President of the APTA; Randy Roesch, Board of Directors, APTA; and, Rita Wong, Geriatric Section representative. A draft of the credentialing guidelines have been completed and the task force is looking for feedback from the community. The task force will hold a conference call later this summer to review the suggestions collected and modify the draft guidelines and include this in the report to the APTA Board of Directors which is due at the end of the summer. Included in the report will be the draft guidelines, a proposed budget, marketing plan and an appeals process for both clinical residency programs and faculty.

#### **B. JOSPT**

The Orthopaedic and Sports Sections are reviewing proposals for the Journal. Our present contract with Williams and Wilkins is up December 31, 1998. If we choose not to go with Williams and Wilkins we need to inform them by December 31, 1997. A request for publishing proposals was put out and seven proposals were received. That field was recently narrowed down to three. Williams

and Wilkins did submit a proposal. An external reviewer was hired by both Sections to review the proposals. This consultant will be hired to help negotiate with the three remaining candidates for publication of the Journal. These negotiations will take place over this summer.

#### **C. Gould Research Award**

The Board of Directors, at the Scientific Meeting and Exposition in San Diego, approved the final procedures and criteria for the Section's newest award, the JAMES A. GOULD RESEARCH AWARD. The award will be advertised in *Orthopaedic Physical Therapy Practice* and *JOSPT* with papers being accepted for review in 1998. The focus is on contributions to clinical research in orthopaedic physical therapy.

#### **D. Compendium of Manual Therapy Practice and Legislative Issues**

All of the information collected has been compiled into a bibliography which is available to the membership. Also included are abstracts of the peer reviewed articles and positions papers. This information is available through the Section office. Any other interesting documents that would be pertinent to this bibliography should be forwarded to Elaine Rosen at the Section office.

#### **E. Nominating Committee**

A call for nominations from the floor was presented for the positions of President, Vice President and Nominating Committee. Deadline for acceptance of nominations is October 1, 1997. No nominations were brought forth from the floor. A call for nominations appears in this issue of *OP*.

### **OLD BUSINESS**

#### **A. CSM Business Meeting Format**

We are aware of the tight time frame for this business meeting at CSM. This will be discussed by the Board of Directors at their Fall Board meeting in September. The meeting will be kept to two hours with adjustments being made in

the format so that there is adequate time for new business and discussion. Any ideas that the membership has relating to this re-structuring should be relayed to the Board prior to their meeting in September.

#### **B. Proposed Special Interest Group - Veterinarian Physical Therapy**

This Special Interest Group would organize continuing education classes, establish a network for people to share information and look at establishing some criteria for practice. There would be collaboration on research projects and expanding the field of physical therapy into the veterinary community and to pet owners and performance animals.

In 1993 the APTA House of Delegates approved a position statement that states that physical therapists can have collegial and collaborative relationships with veterinarians and that physical therapists are the professional of choice when physical therapy services are provided regardless of whether their client is a human or an animal.

### **NEW BUSINESS**

Introduction of Practice Affairs Committee Co-chairs.

Scott Stephens is stepping down from this position as of this meeting. The new co-chairs for the Practice Committee will be Helene Fearon from Phoenix, Arizona and Steve McDavitt from Portland, Maine.

Adjournment 10:00 AM

# ORTHOPAEDIC SECTION, APTA, INC.

## BOARD OF DIRECTORS MEETING

**PT '97: Scientific Meeting & Exposition  
San Diego, California  
May 29 and 31, 1997**

### MINUTES (6/6/97)

The PT '97: Scientific Meeting and Exposition Board of Directors meeting was called to order in San Diego, California on Thursday, May 29 from 7:00 - 10:00 PM and continued on Saturday, May 31, 1997 from Noon - 1:00 PM, by President Bill Boissonnault.

#### ROLL CALL:

Present

Bill Boissonnault, President  
Jonathan Cooperman, *OP* Editor  
Nancy White, Vice President  
Bill O'Grady, Specialty Council Chair  
Dorothy Santi, Treasurer  
Scott Stephens, Practice Chair  
Elaine Rosen, Director  
Mari Bosworth, Public Relations Chair  
Joe Farrell, Director  
Catherine Patla, Nominating  
Committee Chair  
Lola Rosenbaum, Education Chair  
Ed Barnard, OHSIG President  
Dan Riddle, Research Chair  
Jan Richardson, APTA Board Liaison  
Terri Lunder, Executive Director  
Sharon Klinski, Publishing Manager  
Tara Fredrickson, Meetings Coordinator

Absent:  
None

#### MEETING SUMMARY:

Minutes from the CSM Board of Directors meeting (February 14, 1997) and Elected Officer meeting (February 13, 1997) were approved by the Board as printed.

The agenda for the SME Board of Directors meeting dated May 29 and 31, 1997 was approved by the Board as printed.

**=MOTION 1=** The Orthopaedic Section implement career starter dues. The first year after graduation dues will be at a rate of 1/3 the amount of full membership. The second year after graduation dues will be at a rate of 2/3 the amount of full membership. This will be imple-

mented provided APTA continues their career starter dues. **=PASSED=**

Fiscal Implication: \$16.50 collected the first year after graduation per member and \$33.50 collected the second year after graduation per member. Full membership dues are \$50.00 per member.

**=MOTION 2=** Provide a \$5,000 grant in matching funds to the Pennsylvania Chapter (to be made available after the APTA grant money has been used up) in support of litigation involving chiropractors using the term "physical therapy." The money is to be granted on a dollar for dollar matching basis, up to \$20,000 during 1997, with the provisos that the

Chapter provide documentation of out-of-pocket litigation-related expenditures incurred after June 1, 1997. **=PASSED=**

Fiscal Implication: Minimum of \$5,000, maximum of \$20,000 to be paid in 1997.

**=MOTION 3=** Grant \$1,000 to the APTA Private Practice Section for their Treatment Plan Literature Search grant pool. **=PASSED=**

Fiscal Implication: \$1,000 to be paid in 1998.

Adjournment 1:30 PM, Saturday, May 31

## Section Members in the News



Dan Riddle, PhD, PT has been appointed to the Editorial Board for the *PT Journal*. Dan is the Chair of the Research Committee for the Orthopaedic Section. Congratulations Dan!



Congratulations to the following Section members who were recently elected to APTA National offices: Jan Richardson, PhD, PT, OCS, President; Jayne L. Snyder, MA, PT, Vice President; Z Annette Iglarsh, PhD, MBA, PT, Director; Stanley Paris, PhD, PT, Director; Babette S. Sanders, MS, PT, Director; and James E. Hughes, PT, Nominating Committee Member. A big thank you to the following Orthopaedic Section members who ran for national offices: J Scott Stephens, MS, PT; Patricia McAdoo, Med, PT, CHES; and Scot D. Minor, PhD, PT.



The following Section members are APTA National Award Recipients: Benjamin Brenna & Matthew Lee for receiving the Mary McMillan Scholarship Award in the Physical Therapy Professional Education Program.

Paula M. Ludewig, MA, PT for receiving the Mary McMillan Scholarship Award at the Post-Professional Doctoral Level.

Shirley Sahrman, PhD, PT, FAPTA for receiving the Henry O. and Florence P. Kendal Practice Award.

Helene Fearon, PT; Barbara A. Melzer, PhD, PT; and Scott Minor, PhD, PT for receiving the Lucy Blair Service Award.

Jessie M. VanSwearingen, PhD, PT for receiving the Chattanooga Research Award.

Dina L. Jones, PT for receiving the Dorothy Briggs Memorial Scientific Inquiry Award in the Post-Professional Masters category.

Timothy Fagerson, PT for receiving the Jack Walker Award.

Anthony Delitto, PhD, PT for receiving the Marion Williams Award for Research in Physical Therapy.

If you know of a Section Member in the News, please contact Sharon Klinski at the Section office. She can be reached at 800/444-3982, FAX 608/788-3965 or e-mail: sklinski@centuryinter.net.

# Section News

## Education Committee Report

### Home Study Course

Future Offerings:

97-2 The Elbow, Forearm and Wrist

98-1 Occupational Health

98-2 Pharmacology

98-A Strength and Conditioning

Applications in Orthopaedics

We will be offering our HSCs to PT schools for their libraries at a reduced rate. Call Sharon at the Section office for more information.

### 1998 Combined Sections Meeting

This meeting will take place in Boston. Dates for the meeting are February 12-15, 1998. The Section will be sponsoring a pre-conference course on total joint replacements. This is being organized by Donavon Reimche. More information on programming will be available in the next issue of *OP*.

### Other Education

The Section will be offering weekend continuing education courses at reasonable rates. Our goal is to offer quality, literature-based education.

A foot and ankle course entitled "Examination and Management of Foot and Ankle Disorders" is planned in conjunction with the Foot and Ankle SIG. This is scheduled for the end of next year.

### Advanced Review Course

Due to dwindling attendance at the review course, we are discussing alternate mediums for offering the course. If you have any ideas or suggestions, call Tara at the Section office.

### Study Guide

A study guide is available for therapists interested in taking the OCS exam. It contains suggestions from others who have taken the exam and a reference guide to aid your studies. It is free for members. Call the Section office if you are interested in obtaining a copy.

### Needs Assessment Survey

A needs assessment survey for Orthopaedic Section members has been developed by Paul Howard, Ellen Hamilton, and Gary Shankman. It was published in the previous *OP* and 5 people will win a free home study course for responding

to the survey.

### Subcommittee on PTA Education

This committee is planning educational programming for the Boston CSM presented jointly by a PT and PTA. The title of the presentation is "Practical Rehabilitation of the Knee."

*Lola Rosenbaum, PT, OCS  
Chair, Education Program*

## Orthopaedic Specialty Council Report

We had a total of 284 applicants sit for the certification exam this year; 148 individuals passed the exam.

The National Board of Medical Examiners (NBME) has been selected as the new testing agency. As of this writing, the final document is being reviewed by legal counsel. They will use the Sylvan Learning Centers for the test sites. They will be using at least 175 sites across the country. This new testing agency will have the ability to have a multimedia component for future examinations. This will allow for examining visual and auditory skills and associated cognitive processes.

The fiscal year 1998 budget was submitted to ABPTS. This is the year the specialization activities come under the budgetary control of the ABPTS. Except for a minor change (the orthopaedic ABPTS consultant not attending the quadrennial standard setting meeting), the ABPTS sent it on to the APTA Board of Directors. They will vote in November.

We are in the process of selecting the five new item writers for next year. We are reviewing the applications from last year before we make our final decision.

We are investigating sending representatives to the AAFP conference again. It will be in Chicago this year. The other alternative is to attend the National Association of Self-Insurers. The ABPTS booth will be co-located with that of the APTA.

We will continue to have the certification/recertification and residency forums at CSM. We also intend on doing the same in the future. Due to the large turnout of Orthopaedic Clinical Specialists and OCS exam applicants at the '97 CSM forum, the ABPTS has requested that the OCS have a separate room for the '98

OCS Certification/Recertification Forum. This forum could be entitled: "Update on OCS Certification and Recertification." It will be presented by the Orthopaedic Specialty Council.

We continue to support the concept of two avenues of approach to be able to sit for the orthopaedic exam: 1. that those persons who complete an APTA accredited orthopaedic residency be allowed to sit for the exam immediately; or 2. the individuals may choose the conventional path of waiting the required 60 months. Residency continues to offer another viable path toward certification.

We will be working closely with the SIGs to assist them in interfacing with us in the subspecialty recognition and examination process.

*William H. O'Grady,  
MA, PT, OCS, COMT, FAAPM  
Chair, Orthopaedic Specialty Council*

## Practice Committee Report

The APTA Government Affairs Forum was held April 27-29 in Washington, D.C. This session was one of the best yet! Speakers for the session included Congressman Bob Livingston (R-LA) who chairs the House Appropriations Committee. Congressman Livingston has been invaluable in encouraging HCFA to reconsider the IPPT requirements of mandatory presence of a practice owner to allow billing Medicare beneficiaries. Congressman Pete Stark (D-CA) also spoke to the group on evolving health care. Congressman Stark has long been a friend to physical therapists and is well known for "STARK I" and "STARK II" legislative initiatives. These initiatives prohibited referral for profit.

Legislation has been introduced to enforce identical regulations and requirements for physical therapy services provided in a physician's office as is required of a PT. An Inspector General's report suggested more than \$47 million would be saved if the standards were consistent.

The current word on the street is the future includes prospective payment systems for long term and home health care. The President's proposal was targeted for implementation July 1998 for long term care and October 1999 for home health agencies. APTA is on record as favoring

prospective payment but with a recommendation to delay implementation until an appropriate patient classification system can be perfected.

Salary equivalency guidelines were published by HCFA on March 28, 1997. They are currently out for public comment. The amounts vary widely by geographic distribution, often county by county. In short, physical therapy has been reasonably increased about 40%, while occupational and speech therapy have been dramatically cut and OT and SLP have not previously been restricted by salary equivalency. The national rates as published for April 1997 are:

PT	\$48.78
OT	\$46.27
SLP	\$44.51
Respiratory	\$38.51

These rates are inflated monthly at a predetermined rate. PT Assistant rates are 75% of PT allowances.

APTA's Guidelines for Practice will be available by the time you read this report. It is a comprehensive document which will be used for many purposes, hopefully all friendly to us!

On April 24, 1995 the Pennsylvania Physical Therapy Association (PPTA) and the Pennsylvania State Board of Physical Therapy were sued by the Pennsylvania Chiropractic Society and T. Boch, DC regarding chiropractors being deprived of their first amendment rights of free speech and they were prohibited from advertising that they provide "physical therapy" which they allege is a generic term. On February 19, 1997 a hearing examiner decided that chiropractors are in fact permitted to advertise that they provide physical therapy services. The PPTA will appeal this decision. The APTA Board of Directors voted in March to provide PPTA with financial and other resource support and the Orthopaedic Section Board of Directors voted at the San Diego meeting to also provide financial support (see page 17 for the specific motion). If you wish to support PPTA in their efforts call their Chapter office at 717-541-9169.

The past five years as Chair of the Orthopaedic Section's Practice Committee have afforded ample opportunity to interact with my peers. These interactions have allowed me chances to be taught and to share information. The time has been very well spent and will certainly be remembered as an exceptionally positive experience. My thanks are extended to Annette Iglarsh and Bill Boissonnault for granting me the opportunity to participate in this role. Thanks

also to all the very capable volunteers and staff who work with the Section. You are the best we have to offer!

*Scott Stephens, PT*  
*Chair, Practice Committee*

### Public Relations Committee Report

The Sponsor-A-Student program has matched a total of 45 students to date with a physical therapist willing to pay a student's one year membership (\$15) in the Orthopaedic Section. We currently have 120 students interested in sponsorship. The Orthopaedic Section is investigating initiating career starter dues at the Section level, similar to American Physical Therapy Association's career starter dues.

The Media Spokesperson Network (MSN) has been activated twice since the Combined Section's Meeting in Dallas. In early April, the APTA requested the assistance of the MSN regarding the press release on President Clinton's knee injury. Brouillard Communications, APTA's outside public relations counsel, worked with members of the MSN to arrange interviews. Several members of the MSN were contacted and interviewed. A sincere thank you to all members of the network that were activated regarding this press release. A fax broadcast of APTA's press release was sent to all spokespersons. Another fax broadcast was sent out to the MSN at the end of April highlighting the APTA's most recent press release on Clinton's physical therapy. Also included with this transmission was a letter received from Philosophy in response to letters concerning "physical therapy" bath gel, and a call for volunteers for the low back pain hotline in San Diego at PT '97.

APTA and the Orthopaedic Section hosted a toll-free nationwide caller hotline on low back pain during PT '97. The phones were ringing off the hook both Friday and Saturday during the Conference. A big thank you to Orthopaedic Section members who assisted with this public service event.

Barbara Merrill, Public Relation's committee member, and I attended APTA's Component Leadership Seminar in Alexandria, April 25-26. The break out sessions on public relations and media training were excellent and well attended. Informative tips on how to effectively interact with the media were shared and will be disseminated to all media spokespersons.

The Public Relations Committee has started to initiate strategic planning for the PR committee, especially in regards to the MSN. Considerable time for strategic planning will be devoted by the entire Board and Committee Chairs of the Orthopaedic Section at the Fall Board Meeting in September. Look to my next report for further details.

Tara Fredrickson, Meetings/Projects Coordinator, and I will attend the National Student Conclave in Phoenix, Arizona. The Section has contributed \$3000 toward sponsorship of the Student Talent/Theme Party at the Conclave.

Suggestions for additional activities for the Public Relations Committee are always welcome. Let us hear from you!

*Mari Bosworth, PT*  
*Chair, Public Relations Committee*


### Nominating Committee Report

Nominating committee members met in San Diego to plan the slate for candidates.

Incumbent officers are being contacted for their interest in being slated.

*Catherine E. Patla,*  
*MMSc, PT, OCS, MTC, FAAOMPT*  
*Chair, Nominating Committee*

**CIRQUE DU SOLEIL™**



**Physical Therapist**

Cirque du Soleil, the internationally renowned French-Canadian theatrical circus, is seeking a motivated Physical Therapist to join its growing team in Las Vegas, Nevada.

The candidate must be a Licensed Physical Therapist with a minimum of two years' experience in orthopaedic manual therapy. Knowledge/experience in sports injuries and rehabilitation, especially gymnastics, trampoline, dance and diving is a must.

The ideal candidate will have training in basic emergency care (EMT Certified), as well as training in taping and support techniques. Knowledge of basic pharmacology is required.

Bilingualism (French and English) is a definite asset.

If you are interested in joining one of the most unusual and exciting productions of the century, please forward your resume to:

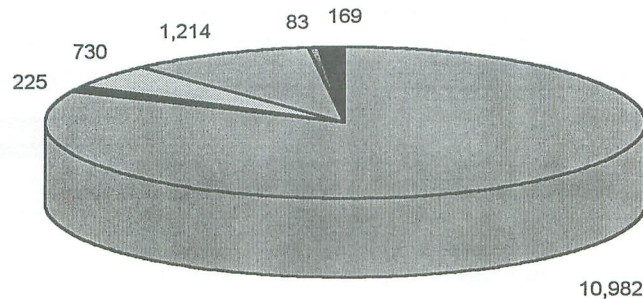
Human Resources Department  
Cirque du Soleil  
3300 Las Vegas Blvd. South,  
Las Vegas, Nevada, 89109  
Fax: (702) 894-7789

**MEMBERSHIP REPORT**

**ORTHOPAEDIC SECTION, APTA, INC.  
MEMBERSHIP STATUS**

Totals as of May 1997

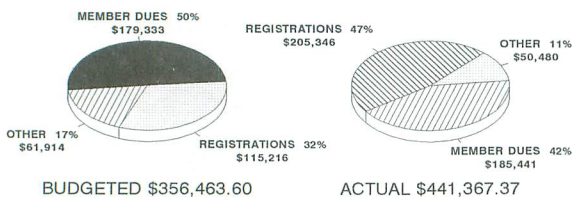
1997	Physical Therapists	Physical Therapists Life-time Members	Physical Therapist Assistants	Physical Therapist Students	Physical Therapist Assistant Students	Graduate Students	Total Members
January	10,760	204	631	1,196	73	166	13,030
February	10,797	205	633	1,263	81	177	13,156
March	10,812	207	648	1,293	85	185	13,230
April	10,834	211	667	1,301	85	184	13,282
May	10,982	225	730	1,214	83	169	13,403



\*Pie graph denotes May's figures

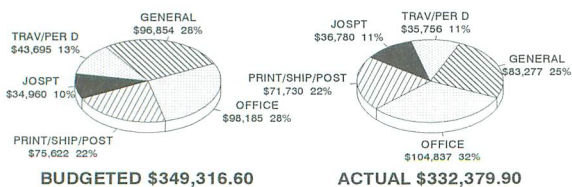
**FINANCIAL REPORT**

**ORTHOPAEDIC SECTION, APTA, INC.  
BUDGET TO ACTUAL APR. 30, 1997  
INCOME: BREAKDOWN**



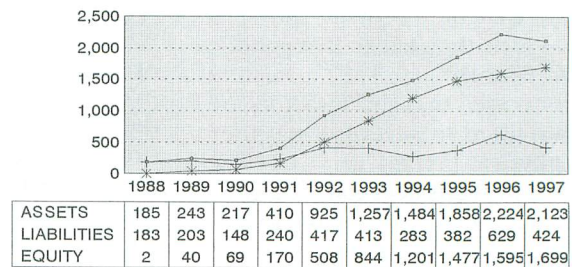
(+23.82% over our expected budget)

**ORTHOPAEDIC SECTION, APTA, INC.  
BUDGET TO ACTUAL APR. 30, 1997  
EXPENSE: BREAKDOWN**



(-4.85% under our expected budget)

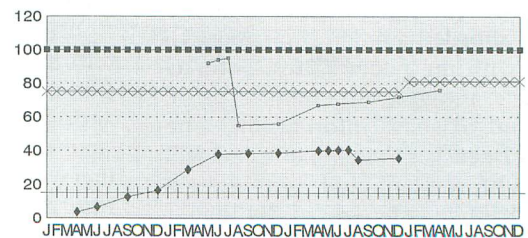
**ORTHOPAEDIC SECTION, APTA, INC.  
YEAR END FISCAL TRENDS FROM 1988-1997  
1997 DATA IS AS OF APR. 30, 1997**



--- ASSETS + LIABILITIES \* EQUITY

To nearest thousand

**ORTHOPAEDIC SECTION, APTA, INC.  
RESERVE FUND  
JAN. 1, 1994 to APR. 30, 1997**



--- RESERVE FUND + MINIMUM \* IDEAL  
x STANDARD + PREV BLDG FUND

The Orthopaedic Section, APTA, Inc. presents...

# A Review of Advanced Orthopaedic Clinical Practice

CURRENT CONCEPTS

## UPPER EXTREMITY

November 8 - 12, 1997

The Westin Horton Plaza, San Diego, California; 619-239-2200; Room rates: \$115 single/double

The Cervical Spine, TMJ, Upper Thoracic  
Saturday, November 8  
8:30 AM - 11:30 AM; 12:30 PM - 3:30 PM

The Cervical Spine, TMJ, Upper Thoracic (cont'd)  
Sunday, November 9  
8:30 AM - 11:30 AM

The Shoulder and Elbow  
Monday, November 10  
8:30 AM - 11:30 AM; 12:30 PM - 3:30 PM

The Shoulder and Elbow (cont'd)  
Tuesday, November 11  
8:30 AM - 11:30 AM

The Wrist and Hand  
Tuesday, November 11  
12:30 PM - 3:30 PM

The Wrist and Hand (cont'd)  
Wednesday, November 12  
8:30am - 11:30am; 12:30pm - 3:30pm

- Level: Advanced (3)       Subject Code: (12)       Educational Credit: 24.75 contact hours

- Course fees: Before October 8, 1997:  
Orthopaedic Section Members: \$550; APTA Members: \$600; Non-APTA Members: \$650  
\*After the early-bird deadline date, add \$50 to registration fee
- The purpose of "Current Concepts: A Review of Advanced Orthopaedic Clinical Practice" is to provide participants with a process of review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Competency Examination.) Cancellation received in writing prior to the start of the course date will be refunded minus a 20% administration fee. Absolutely no refunds will be given after the start of the course.
- \*The Orthopaedic Section reserves the right to cancel the above mentioned seminar in the event that there are not enough registrations to constitute a break even for the course, in the sole discretion of the Orthopaedic Section.
- \*Join the Section and take advantage of the discounted registration rate immediately!  
For more information, or to register, complete the form below, detach and mail to: Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601, 800-444-3982
- Objectives:  
\*Identify anatomical and biomechanical aspects of the cervical spine, TMJ, upper thoracic, shoulder, elbow, wrist and hand  
\*Know the pathology and pathophysiology for each region  
\*Describe advanced evaluation and treatment techniques for each area

### REGISTRATION FORM

"CURRENT CONCEPTS: A REVIEW OF ADVANCED ORTHOPAEDIC CLINICAL PRACTICE"

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_ APTA ID# \_\_\_\_\_

\_\_\_\_ Yes, I want to take advantage of the member rate immediately. \*(Please add \$50 to your member rate fee).

Enclosed is my registration fee in the amount of \$ \_\_\_\_\_. Please make check payable to the Orthopaedic Section; 2920 East Avenue South; La Crosse, WI 54601.

\_\_\_\_\_ Orthopaedic Section Member      \_\_\_\_\_ APTA Member      \_\_\_\_\_ Non-APTA Member

MC/VISA: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Check here if you have special needs that are regulated by the Americans with Disabilities Act.

# AWARD FOR EXCELLENCE IN TEACHING OF ORTHOPAEDIC PHYSICAL THERAPY



## PURPOSE

To recognize and support excellence in instructing OPT principles and techniques through the acknowledgment of an individual with exemplary teaching skills.

## ELIGIBILITY

1. The nominee must be a member in good standing of the Orthopaedic Section of the APTA. The nominee must have taught or presently be teaching either physical therapy or physical therapy assistant students the principles and clinical applications of Orthopaedic Physical Therapy for five years or more.
2. The nominee may be either a faculty member (full-time or adjunct) or a clinical instructor of an accredited physical therapy or physical therapy assistant program.
3. Members of the Section Awards Committee are excluded from eligibility during their term of office.

## CRITERIA FOR SELECTION

The Awards Committee will consider the following as guidelines in the selection process:

1. The instructor devotes the majority of his professional career to student education.
2. The instructor teaches from a sound, comprehensive, and current knowledge base, integrating basic science with the principles of orthopaedic physical therapy.
3. The instructor demonstrates excellence in instructional methods, presentation techniques, planning and organizational skills, and the ability to motivate students.
4. The instructor serves as a mentor and role model with evidence of strong student rapport.
5. Teaching materials are innovative and well-designed.
6. Instructional techniques are intellectually challenging and promote retention or necessary knowledge and skills.
7. The instructor demonstrates an ability to relate academic knowledge to clinical practice.
8. The instructor displays objectivity in the evaluation and presentation of ideas, hypotheses, and concepts.
9. The instructor is receptive to student and peer feedback.

## PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the award.
2. One original typewritten set and four duplicates of all materials submitted for each nomination must be received by the Executive Director at the Section office by December 1 for consideration for the award in the following year.
3. The materials to be completed and submitted for each nomination shall include the following:
  - a. A support statement from the nominator, highlighting reasons for the nomination and clarifying the relationship between the nominator and nominee.
  - b. A support statement from at least one faculty member from all physical therapy or physical therapy assistant educational programs with which the nominee is affiliated.
  - c. Support statements from at least two professional colleagues.
  - d. Support statements from at least two current and/or former students. If the nominee is a clinical instructor, the clinical education experience must be full-time for a minimum of six weeks.
  - e. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

## PROCEDURES FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for review.
2. The Awards Committee will review the nominations and recommend a recipient to the Executive Committee.
3. Any members of the Awards Committee who are closely associated with the nominee will abstain from participating in the review and selection process.
4. The award will be presented only if there are qualified candidates, and one is selected.
5. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
6. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in a subsequent year. New nomination materials must be submitted in subsequent years.

## NOTIFICATION OF AWARD

1. The recipient of the award will be notified by the Section president.
2. Those nominees not selected will be so informed in writing.
3. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.
4. The confidentiality of the Excellence in OPT Teaching Award will be maintained until the recipient has been notified.

## THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the round trip coach airfare from any site in the United States or Canada to the APTA Annual Meeting site, two days per diem, consistent with the Section's current reimbursement rates and one day's conference registration.
2. The award will consist of an appropriate plaque and a \$250.00 honorarium.
3. The award will be presented at the APTA Annual Meeting (CSM) by the Chair of the Awards Committee.



# Don't let the Special Interest Groups Dissolve!!

All special interest groups within the Orthopaedic Section must retain at least 200 Orthopaedic Section members on their membership lists in order to stay active. We want to continue to offer special interest group members the great programming and networking that these groups provide.

Be sure to sign up! Send or fax your special interest group(s) membership forms to the Orthopaedic Section as soon as possible!



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Special Interest Groups: (Please check all that apply)  
 Occupational Health       Performing Arts  
 Foot & Ankle               Pain Management

Return to: Orthopaedic Section, APTA, Inc.; 2920 East Avenue South; La Crosse, WI 54601;  
 800/ 444-3982; FAX: 608/ 788-3965

## Request for Recommendations for Orthopaedic Section Offices

The Orthopaedic Section of the APTA needs your input for qualified candidates to run for the offices listed below. If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information. Return this completed form to the Section office by September 1, 1997. The Nominating Committee will solicit the consent to run and biographical information from the person you recommend.

\_\_\_\_\_  
 (Print Full Name of Recommended Nominee)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 (Area Code) Home Phone Number

\_\_\_\_\_  
 (Area Code) Office Phone Number

is recommended as a nominee for election to the position of:

**CHECK THE APPROPRIATE POSITION:**

- PRESIDENT (3 yr. term)
- VICE PRESIDENT (3 yr. term)  
 Candidates for President and Vice President should have Association experience on the Section, State, or National level.
- NOMINATING COMMITTEE MEMBER (3 yr. term; 2 yrs. as member, 1 yr. as Chair) Should have broad exposure to membership to assist in formation of the slate of officers.

Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PLEASE RETURN BY SEPTEMBER 1, 1997 TO:  
 Tara Fredrickson  
 Orthopaedic Section, APTA  
 2920 East Avenue South  
 La Crosse, WI 54601

# HSC 97~2 TOPIC: THE ELBOW, FOREARM, AND WRIST

## ↳ Proposed Topics and Authors ↩

### Disorders of the Wrist and Distal Radioulnar Joint

Carol Waggy, PhD, PT, CHT

### Gymnastic Injuries to the Elbow, Forearm, & Wrist

Jill Troisi, BS, PT

### Elbow & Forearm Fractures

Rebecca Saunders, PT, CHT and Jane Schmidt, PT, CHT

### Peripheral Nerve Compression Neuropathies

Carolyn Wadsworth, MS, PT, OCS, CHT

### Reflex Sympathetic Dystrophy Syndrome

Susan Stralka, MS, PT and Laura Chunn, PT

### Athletic Injuries about the Elbow

Lori Thein Brody, MS, PT, SCS, ATC

### Objective:

The objective of the Orthopaedic Section Home Study Course is to provide the physical therapist with a distance learning experience on issues relating to assessment, treatment and research as these topics apply to the patient with musculoskeletal problems.

**Subject Code:** Orthopaedics

**Instructional Level:** Various

**Editor:** Carolyn Wadsworth, MS, PT, OCS, CHT

### Registration & Fees:

Register by June 6, 1997; Limited supply available after this date.

\$150 Orthopaedic Section Members

\$225 APTA Members

\$300 Non-APTA Members

**Educational Credit:** 30 contact hours. A certificate of completion will be awarded to participants who successfully complete the final test. Only the registrant named will obtain the CEUs. No exceptions will be made. **\*\*\*\*Absolutely no refunds will be given after the start of the course!\*\*\*\***

Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

Make check payable to:  
Orthopaedic Section, APTA  
2920 East Avenue South  
La Crosse, WI 54601  
1-800-444-3982 or  
608-788-3982  
FAX 608-788-3965

Please call the Section office at 1-800-444-3982 for further information.

**Registration Form**  
ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 97-2

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_ APTA # \_\_\_\_\_

(Please add Wisconsin, Stadium, County Tax where applicable \_\_\_\_\_ County)

Please check:

Orthopaedic Section Members

APTA Members

Non-APTA Members

JOIN THE SECTION AND TAKE  
ADVANTAGE OF THE DISCOUNTED  
REGISTRATION RATE IMMEDIATELY!  
 I wish to become an Orthopaedic Section  
Member (\$50).

AD

# The Compendium of Manual Therapy Practice and Legislative Issues

The Orthopaedic Section has accumulated a collection of information related to manual therapy/manipulative practice and legislation. The information is categorized, alphabetized, and summarized for ease of use. *The Compendium of Manual Therapy Practice and Legislative Issues* is categorized in the following areas:

- Definitions
- PT Practice Acts
- Chiropractic Practice Acts and Licensing Boards
- Position Papers - Attorney General - APTA
- Legislative/Lawsuit

- PT Practice of Manipulation
- Chiropractic Practice of Manipulation
- Manipulation Injuries
- Research on Efficacy of Manipulation - PT authors
- Research Efficacy of Manipulation - other authors
- General Information on Manipulation
- Correspondence

*The Compendium of Manual Therapy Practice and Legislative Issues* is available free of charge to Orthopaedic Section members. A copy can be obtained from the Orthopaedic Section, APTA, (800-444-3982), APTA's Government Affairs Office (800-999-2782

x 8533), and the American Academy of Orthopaedic Manual Physical Therapists (through Institute of Physical Therapy 800-241-1027).

Please forward any information that would be helpful to other physical therapists and can be added to the compendium to: Elaine Rosen, Orthopaedic Section Office, 2920 East Avenue South, La Crosse, WI 54601. An effort to keep the database current will allow us to better serve APTA members.

---

Elaine Rosen, MS, PT, OCS is Board of Director and Chair, Chiropractor Task Force

## Request for Recommendations to Serve as a Member of the Finance Committee

The Orthopaedic Section of the APTA needs your input for qualified candidates to be appointed to the position of Finance Committee Member. We are looking for two (2) members. One will serve a three year term (June 1998 - June 2001) and one will serve a four plus year term (immediately - June 2002). Qualifications include: an interest in accrual-based accounting, annual and long range budgeting, reserve funds, and investment strategies.

If you would like the opportunity to serve the Section or know of qualified members who would be willing to serve, please fill in the requested information below and return with a copy of your CV to the Section office.

\_\_\_\_\_  
(Print Full Name of Recommended Member)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
(Area Code) Home Phone Number

\_\_\_\_\_  
(Area Code) Office Phone Number

Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return to:

Orthopaedic Section, APTA

2920 East Avenue South

La Crosse, WI 54601

FAX 608/788-3965

E-mail: [orthostaff@centuryinter.net](mailto:orthostaff@centuryinter.net)

# OUTSTANDING PT & PTA STUDENT AWARD

## PURPOSE

1. To identify a student physical therapist and student physical therapist assistant (first professional degree) with exceptional scholastic ability and potential for contribution to orthopaedic physical therapy.
2. To provide the means for an exceptional student to attend and participate in a national meeting, with the intention that this exposure will encourage future involvement in Orthopaedic Section activities.

## ELIGIBILITY

1. The nominee must be currently enrolled in a PT or PTA program.
2. The nominee must be a member of the Orthopaedic Section, APTA, Inc.

## CRITERIA FOR SELECTION

1. The student shall excel in academic performance in both the professional and prerequisite phases of their educational program.
2. The student shall demonstrate exceptional nonacademic achievements, representing initiative, leadership, and creativity.
3. The student shall be involved in professional organizations and activities that provide the potential growth and contributions to the profession and orthopaedic physical therapy.

## PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for this award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Executive Director at the Section office by November 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
  - a. A support statement from the nominator, highlighting reasons for the nomination and clarifying the relationship between the nominator and nominee.
  - b. A support statement from two faculty members in the educational program in which the nominee is enrolled.
  - c. Support statements from one faculty member outside of the PT or PTA department.
  - d. Support statements from at least two student colleagues.
  - e. A resume and cover letter from the nominee detailing previous health care experiences, honors and awards, evidence of service activities, and participation in professional activities.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

## PROCEDURE FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for their review.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The award will be presented only if there are qualified candidates, and one is selected.
4. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
5. Nomination materials will be not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in a subsequent year. New nomination materials must be submitted in subsequent years.

## NOTIFICATION OF AWARD

1. The Section President will notify the recipient by December 1st and obtain written confirmation of acceptance by December 15.
2. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.
3. The confidentiality of the Outstanding Student Award will be maintained until the recipient has been notified.

## THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the United States or Canada to the APTA Combined Sections Meeting, four days per diem, and conference registration.
2. The student will receive a certificate suitable for mounting.

## The Best Research Article of 1997 in Orthopaedic Physical Therapy

The Orthopaedic Section is instituting a new policy for determining the winner of the Rose Excellence in Research Award. Beginning this year, the Research Committee will consider all published research papers that examine issues related to orthopaedic physical therapy as being eligible for the award. The Committee will formally review the leading orthopaedic physical therapy journals for eligible papers and will choose the winner. The following journals will be screened for eligible papers:

American Journal of Sports Medicine  
Archives of Physical Medicine and Rehabilitation  
Journal of Bone and Joint Surgery  
Journal of Orthopaedic and Sports Physical Therapy  
Medicine and Science in Sports and Exercise  
Physical Therapy  
Spine

Section members can notify the Research Committee if research papers in other journals should be considered for the award. The same eligibility and selection criteria that have been used previously for the award will continue to be used.

### ELIGIBILITY

The recipient must :

- 1) be a physical therapist licensed or eligible for licensure in the United States of America;
- 2) be a member of the American Physical Therapy Association; and
- 3) be the primary (first) author of the published manuscript.

The article must be published in a reputable, refereed scientific journal between September 1, 1996 and August 31, 1997 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August 1997 issue, the article must be available to the general public no later than September 1, 1997 to be considered.

### SELECTION CRITERIA

The article must have a significant impact (immediate or potential) upon the practice of orthopaedic physical therapy. The article must be a report of research but may deal with basic science, applied science, or clinical research. Reports of single clinical case studies or reviews of the literature will not be considered.

### THE AWARD

The award will consist of a plaque and \$500 to be presented at the Combined Sections Meeting in Boston, MA, February 11-15, 1998.

If section members wish to notify the Research Committee of eligible research papers published in journals other than those listed above, please mail or e-mail by September 1, 1997 to:

Daniel L. Riddle, PhD, PT  
Research Committee Chair  
Orthopaedic Section, APTA  
c/o Department of Physical Therapy  
Virginia Commonwealth University  
Box 890224  
Richmond, VA 23298-0224  
e-mail:DRIDDLE@GEMS.VCU.EDU

# Paris Distinguished Service Award

## PURPOSE

1. To acknowledge and honor a most outstanding Orthopaedic Section member whose contributions to the Section are of exceptional and enduring value.
2. To provide an opportunity for the recipient to share his or her achievements and ideas with the membership through a lecture presented at an APTA Combined Sections Meeting.

## ELIGIBILITY

1. The nominee must be a member of the Orthopaedic Section, APTA, Inc., who has made a distinguished contribution to the Section.
2. Members of the Executive Committee and members of the Awards Committee shall not be eligible for the award during their term of office.

## CRITERIA FOR SELECTION

1. The Nominee shall have made substantial contributions to the Section in one or more of the following areas:
  - a. Demonstrated prominent leadership in advancing the interests and objectives of the Section.
  - b. Obtained professional recognition and respect for the Section's achievements.
  - c. Advanced public awareness of orthopaedic physical therapy.
  - d. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
  - e. Utilized notable talents in writing, teaching, research, administration, and/or clinical practice to assist the Section and its membership in achieving their goals.
2. The nominee shall possess the ability to present a keynote lecture, as evidenced by:
  - a. Acknowledged skills in the organization and presentation of written and oral communications of substantial length.
  - b. Background and knowledge sufficient

## PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the Award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Execu-

tive Director at the Section office by December 1, for consideration for the award in the following year.

3. The materials submitted for each nomination shall include the following:
  - a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
  - b. Support statements from two professional colleagues.
  - c. Support statement from two former or current Orthopaedic Section officers or committee chairs.
  - d. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

## PROCEDURE FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for review.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The Executive Committee will select the recipient.
4. Any member of the Awards or Executive Committees, who is closely associated with the nominee, will abstain from participating in the review and selection process.
5. The award will be presented only if there are qualified candidates, and one is selected.
6. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
7. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in subsequent years. The Section office will retain nomination materials for two years.

## LECTURE

1. The recipient will present their lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.
2. The title of the lecture will be left to the discretion of the recipient.

3. The lecture should focus on the recipient's ideas and contributions to the Section and orthopaedic physical therapy.
4. The recipient is invited to submit a paper based on the lecture for consideration for publication (pending review) in the *Journal of Orthopaedic and Sports Physical Therapy* OR submit the paper for publication in *Orthopaedic Physical Therapy Practice*.

## NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance by May 1st.
2. The name of the recipient will be kept confidential until announced at the APTA Annual Conference.
3. The award will be presented at the APTA Combined Sections Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators or individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

## THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the US. or Canada to the Combined Sections Meeting at which the lecture is presented, two days per diem consistent with the Section's current reimbursement rates and one day's conference registration.
2. On the occasion of the presentation of the lecture, the awardee will receive an appropriate plaque and an honorarium of \$250.
3. The recipient's name and date of award will also be inscribed on a Distinguished Service Lecture Award plaque that is retained and displayed in the Section's headquarters.

Please submit any nominations to the Section office by December 1, 1997.

# REQUEST FOR PROPOSALS

## ORTHOPAEDIC SECTION, APTA

# CLINICAL RESEARCH GRANT PROGRAM

**Purpose:** The Orthopaedic Section must support its members by funding studies designed to systematically examine orthopaedic practice issues. The purpose of this grant program is to address the urgent need for clinical research in orthopaedic physical therapy.

**Targeted Recipients of the Grant Program:** The grant program is designed to provide funding for any Orthopaedic Section member who has the clinical resources to examine a well-defined practice issue, but who needs some external funding to facilitate the completion of a clinical research project.

**Studies Eligible for Funding:** The four types of studies that will qualify for funding are studies that: 1) examine the effectiveness of a treatment approach on a well-defined sample of patients with orthopaedic problems; 2) examine patient classification procedures for purposes of determining an appropriate treatment; 3) further establish the meaningfulness of an examination procedure or a series of examination procedures used by orthopaedic physical therapists; and 4) examine the role of the orthopaedic physical therapist in the health care environment. Authors must stipulate which purpose their grant is designed to address.

**Categories of Funding:** Funding will be divided into two categories:

**Type I Grant Funding:** \$1,000.00 maximum

This program is designed for therapists who require only a small amount of funding for a project or are in the process of developing a project. The funds in this program will be used for pilot data collection, equipment, and consultation.

**Type II Grant Funding:** \$5,000.00 maximum

This program is designed for therapists who are ready to begin a project but need additional resources. The grant may be used to purchase equipment, pay consultation fees, recruit patients, or fund clinicians. Clinicians receiving funding from this program will be expected to present their results at CSM within 3 years of receiving funding. Recipients will receive \$300 to allay costs associated with presenting at CSM.

### Criteria for Funding: Type I Grant

- A specific and well-defined purpose that is judged to be consistent with the four types of studies eligible for funding and described above
- The sample studied must include patients. For studies examining the role of the orthopaedic physical therapist in the health care environment, the sample studied would be therapists involved in the delivery of care
- Priority given to projects designed to include multiple clinical sites
- Priority given to studies examining treatment effectiveness
- Institutional Review Board approval from participating site(s) and letter of support from facility(ies) participating in the study
- Principal investigator must be an Orthopaedic Section member
- Priority given to projects that are currently not receiving funding
- The funding period will be 1 year

### Criteria for Funding: Type II Grant

- Criteria are the same as listed above for the Type I grant plus the following:
- Evidence of some pilot work
  - The funding period will be 1 year, renewable for up to 3 years, if judged to be appropriate

**Determination of the Award:** Deadline for submission of grant proposals is **December 1, 1997**. Each application should include one original and six copies of all material. The Grant Review Committee will review and evaluate each eligible application. A total of \$30,000 is budgeted for grants each year (five at \$1,000 and five at \$5,000). All applicants will be notified of the results by March 1, 1998.

**To receive an application, call or write to:**

Clinical Research Grant Program  
Orthopaedic Section, APTA, Inc.  
2920 East Avenue South  
La Crosse, WI 54601  
800/444-3982

The National Conference in San Diego brought us closer to the formation of a new SIG under the Orthopaedic Section. Gwynne Oakes, David Levine, and Lin McGonagle presented a brief history of APTA involvement, precedent for physical therapists treating animals in other countries, goals for the SIG, and guidelines relating to practice at the Open Forum. A thoughtful discussion was generated and concerns will be addressed to the Board in February. Over 200 therapists stopped by the section booth to sign up to support the SIG! Many people shared their enthusiasm and ideas. Our first organizational meeting was held June 1st. Plans were made for a course at Combined Section on "How to Get Started." It will feature information

on legal and practice issues as well as a panel of physical therapists who work with animals in research, veterinary clinics, and private practice settings. You will not want to miss this opportunity to ask questions of other therapists who have been successful in this field! Our group also committed to develop a Products/Resources list: an updated bibliography for books, videos, and tapes; brochure for the SIG; access to Internet press releases; survey (by phone) of PTs working with animals regularly; WEB page; list of veterinarians willing to collaborate; current Literature Review; future courses on anatomy and physiology of dogs and horses; and a directory of members by state. We have a lot of work to do!! Thank you to Cheryl

Riegger-Krugh, Gail Wetzler, and Brian Wrotnaik for volunteering their time and energy! New input and assistance is always welcome.

Our hope is that YOU will support the formation of this group by calling Tara Fredrickson at the Orthopaedic Section office at 1(800)444-3982. We need 200 Orthopaedic Section members to sign up as soon as possible! By organizing and working together we can explore our role as physical therapists in this emerging field!

For more information or a copy of the newsletter "Veterinary Physical Therapy," contact Lin McGonagle, PT at 3651 McAllister Road, Genoa, NY 13071 Phone: (315)497-0333, FAX (315)497-1461.

# HELP US TO FORM THIS SPECIAL INTEREST GROUP!

# ACT NOW!!

YES, I WILL SUPPORT THE FORMATION OF THE VETERINARY SIG

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Return to: Orthopaedic Section, APTA, Inc.; 2920 East Avenue South; La Crosse, WI 54601;  
(800)444-3982; FAX: (608)788-3965



# O ccupational Health Physical Therapists Special Interest Group



Orthopaedic Section, APTA, Inc.

Summer 1997

Volume 4, Number 3

## PRACTICE AND REIMBURSEMENT COMMITTEE REPORT

What is "Occupational Health Physical Therapy?" Are there any consistent guidelines for practice in this field? How can we get good information to payers and employers about what we do and the value of our services? How can we get paid?

These are some of the areas that members of the Practice & Reimbursement Committee of the OHPTSIG, in conjunction with the SIG board, have been focusing on. The Practice & Reimbursement Committee has been reforming and refocusing over the last year, and we are very excited about the directions and activities this group has begun to undertake regarding physical therapy practice and reimbursement issues in the occupational health arena. Though the members of the committee have not actually all met each other yet (I hope this opportunity will arise in the near future), I have been communicating with individuals who have contacted me to express interest in getting involved in our various projects. We currently have 17 people on the mailing list!

Our primary focus since September 1996 has been the development of a Compendium in Occupational Health Physical Therapy. Working in cooperation with Al Wicken (APTA Department of Practice), Jim Nugent (APTA Reimbursement Department), the Orthopaedic Section board and others we have built on previous or ongoing efforts to propose the eventual development of a full set of guidelines and documents to include the following:

- 1) The Role of the Physical Therapist in Occupational Health (already developed, available from APTA);
- 2) Guidelines for Physical Therapy Management of the Acutely-Injured Worker (developed, awaiting final approval);
- 3) Work Conditioning/Work Hardening Guide-

- lines (already developed, available from APTA);
- 4) Guidelines for Functional Capacity Evaluations (development in progress);
- 5) Guidelines for Prevention in Occupational Health Physical Therapy (development slated for later this year);
- 6) Guidelines for Ergonomic Interventions by Physical Therapists (proposed for development in 1998);
- 7) Guide for Payers and Government Agencies on Physical Therapy in Occupational Health (proposed for 1998);
- 8) Guide for Employers on Physical Therapy in Occupational Health (proposed for 1998);
- 9) Reimbursement and Regulatory Issues (proposed for 1998);
- 10) Legal & Risk Management Issues (proposed for late 1998);
- 11) Bibliography

Our goal is to have this Compendium completed by the end of 1998, though sections are already available and others will be made available as they are completed. The Compendium will be made up of documents/guidelines that look professional, have a consistent format, are available for sale either individually or as a set, and are updated regularly. We will continue to ask for "field review" from the OHPTSIG membership as well as others as the development of individual items proceeds.

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### DISCLAIMER

The summaries of articles and the opinions expressed by authors are provided for information only and do not necessarily reflect the views of the authors, OHPTSIG or the Orthopaedic Section of the APTA.

NEWSLETTER

We feel that once this Compendium is completed, it will serve as a solid, professional foundation for Practice and Reimbursement Issues in this exciting special interest area of physical therapy. I invite anyone with interest in this process to contact me or other members of the OHPTSIG Board as we move forward.

Bonnie Sussman, PT  
Practice & Reimbursement Committee Chair  
Cioffredi Physical Therapy  
Lebanon, New Hampshire

## JOB PERFORMANCE ANALYSIS FOUR INCHES CHANGE THE WORLD

### INTRODUCTION

The commanding officer of a military installation raised the height of the workbench in his home's garage by 4 inches. Why would he do this? More importantly, what motivated him to do this?

The answer, of course, is personal benefit. He had attended a training course on ergonomics. He recognized he would be more comfortable and more productive if his workbench was at the right height for him.

In a certain sense, attending that workshop changed how he viewed the world. Now the really interesting thing is it also changed the way about 3,000 other people viewed their work. (Remember he is the CO of a military installation.)

### Can You Change the World?

What influence do you have? In what ways can you influence the success of an injured worker returning to work? In this article we'll outline a problem solving strategy designed to help you understand one approach to Job Performance Analysis.

### Conducting a Job Performance Analysis

Conducting a Job Performance Analysis is a very important first step in enhancing function and shortening the length of disability of someone who has suffered an injury.

### Problem Solving Strategies

Choose a popular "how to do" book, and you will see a host of what is essentially "problem solving strategies." What is quite obvious is that different people view problems in different ways and thereby offer different approaches to solve them. Here is one approach to figure out what's wrong, a how-to-fix it.

*Step One:* Identify the job/task to be analyzed.

Identification of the job/task to be analyzed may

come about through:

- awareness of poor performance
- introduction of a new job
- user complaints
- an injured worker returning to work

Establishing the reason for the analysis is one of the most critical elements. In other words, "What is the Referral Question?"

*Step Two:* Outline the present steps to complete the job/task.

The most critical step in the whole process is to involve the worker. Who is the very best ergonomist in the world? The answer is, "the person who does the job day-in and day-out." With their involvement, outline the present steps to complete the activity.

To outline the present steps to complete the activity, develop a flow chart to visually present the information. Also identify the performance measures and goals.

*Step Three:* Establish the Performance Gaps.

Compare the present method to established principles and guidelines. Compare each step of the present job/task. Identify the performance gaps between the actual method and the desired method.

*Step Four:* Develop the Performance Improvement Plan.

Recommend specific interventions. Use the "Minimalist" approach; "don't throw the baby out with the bath water."

The goal is to accomplish controlled measurable change. If you change too many variables all at once, you run the risk of not being able to recognize what worked and what didn't.

Forecast the benefits you expect to derive by implementing the Performance Improvement Plan. Complete the cost analysis justification to implement the plan.

Establish implementation timeframes within four ranges:

- Immediate (now)
- Short term (1 to 4 weeks)
- Mid range (1 to 9 months)
- Long Term (9 months and out)

*Step Five:* Implement the Performance Improvement Plan.

Apply the principles but be careful of generalizations. In all likelihood the "normal" person does not exist. Always drive the implementation to the individual level.

Remember that the modification itself is not the issue, the acceptance and integration of the modification is the issue. In this regard, people support what they help to create. Involve the worker intimately in

the Performance Improvement Plan.

*Step Six:* Evaluate the outcome and make needed changes.

Introducing the job modification into the work place only begins the process. Proper outcomes evaluation continues the process. Ongoing measures are compared to the initial performance measures. Follow these steps:

- Compare at set intervals (1, 3, 9, 12 month intervals)
- Determine the change in performance measures
- Detail the lessons learned
- Modify interventions as needed
- Re-evaluate
- Repeat steps

## CONCLUSION

What is the "Best Way?"

Is there truly one best way to solve a problem? Of course, the answer is no. When we combine our experience, our knowledge, and our intuition with the present set of circumstances, we then will develop viable solutions. So, what is the best way? Well the right answer is, "IT DEPENDS!"

*Mark A. Anderson, MA, PT, CPE  
Vice President, OHPTSIG  
President, ErgoSystems Consulting Group, Inc.  
Minneapolis, Minnesota*

## SECRETARY'S CORNER

The Occupational Health Special Interest Group would like to thank all members who have submitted newsletter articles for this and prior issues of *OPTP*. Your hard work is greatly appreciated by the entire membership.

This newsletter continues to be a very effective vehicle for sharing information within our rather specialized physical therapy practice niche. We need to know what YOU are doing in your practice to make a positive impact in business and industry. Some things you may think about and then write down thoughts for the next newsletter are:

- What techniques work in negotiating contracts with industrial clients?
- What businesses benefit most from physical therapy preventative and rehabilitative services and how?
- How do we effectively and innovatively provide treatment and prevention services to various employer customers?

- What needs are identified by employers, industry, and insurance carriers in your market and how can we as physical therapy providers meet those needs?
- How can we use the Internet and its wealth of information to improve our practice quality in industry?
- What are effective risk management strategies for physical therapy practice in the industrial setting?

These are just some of the topics we would like authors to write about, however, if you have your own ideas, write them down. The deadline for the next newsletter is **AUGUST 29, 1997**. Article submissions should be forwarded to Bobbie Kayser, PT. FAX (502) 897-0042 or E-mail [bkayser@juno.com](mailto:bkayser@juno.com).

*Bobbie Kayser, PT,  
Secretary, OHPTSIG*

## WORK SITE SAFETY - TAKING CARE OF THE HOME FRONT

With increasing frequency, physical therapists are practicing in the arena of occupational health. Practice in this arena may be a result of the patient population that presents in the therapist's clinic, or a result of a conscious decision by the therapist to focus practice in occupation health. A large majority of occupational health patients are treated for musculoskeletal disorders of the back and upper extremities. Industrial settings are known for work site stressors that cause injury to the back and upper extremity - lifting, lowering, pushing, pulling, keyboard entry, filing telephone use, etc. These same stressors are generally found in our hospitals and clinics.

U.S. Bureau of Labor statistics indicate that health professionals and hospital workers suffer occupational injuries at a significant level. Primarily, these are low back injuries that affect licensed practical nurses, orderlies, nurses, nurse's aides, and transporters. A significant number of these injuries involve musculoskeletal pathology arising from patient transfers and ambulation. Patients transfers and ambulation require lifting, lowering, pushing, and pulling in postures that are quite different from those suggested in training courses as the "proper" way to lift. Patients do not resemble compact and uniform size boxes to be lifted; and beds, wheel-chairs, and treatment tables do not resemble flat pallets or floors so often represented in back schools or back safety courses. To a lesser degree, clerical and laboratory workers are affected by repetitive stress injuries of

keyboard entry, filing, and laboratory techniques.

Body mechanics and the cardinal rules of lifting must be adapted and applied appropriately to the specifics of transfers and ambulation if back safety is to be effective in health care settings. Yet the amount of education provided on patient transfers, positioning, and ambulation performed for nurses and nursing paraprofessionals, orderlies, and transporters is limited. Initial training of such personnel is often not at an adequate level of training in biomechanics and the specifics of transfers and ambulation. Ongoing surveillance and follow-up training is often nonexistent.

Clerical tasks in hospitals and clinics are often similar to tasks in other work settings. Education in the safe performance of keyboarding, telephone use, filing, and moving of light to moderate loads is usually not provided. In many cases, the only education received is provided by sales representatives with relatively much greater training in sales than in safety. Intervention occurs often only after an injury. Adjustment of chairs and computers for proper orientation of desk, chair, keyboard, monitor, selection of appropriate pointing devices; use of telephone headsets; and proper body mechanics for filing and moving of documents and copy paper are assumed to be easily performed by individual workers. These workers are usually not trained in ergonomic intervention for in

jury prevention.

Many physical therapists have added ergonomic intervention for injury prevention as part of clinical practice. In marketing our services as clinicians, we seek contacts and contracts with companies we believe can use our services in the occupational health arena. We should not, however, forget our colleagues, other health professionals, orderlies and transporters, and clerical staff who provide the support we need to do our jobs in hospitals and clinics. The stressors that create back and upper extremity injuries are pervasive in our work settings. Proper attention to safety helps each of us avoid the injuries we see so often when treating others. Health care settings are occupational work sites that rank relatively high in occurrence of musculoskeletal work-related injuries.

We must remember to take care of the home front, our colleagues, other health professionals, orderlies and transporters, laboratory workers, and clerical staff who work with us in treating all our other patients. Research and patient education concerning work place stressors and injuries, patient education, and physical therapy treatment should be applied to the community of health care workers and institutions as vigorously as we apply it to industrial settings.

*Scott D. Minor, PhD, PT  
Research Committee Chair, OHPTSIG*

**MEMBERSHIP IN THE OCCUPATIONAL HEALTH SIG IS OPEN TO ANY MEMBER OF THE ORTHOPAEDIC SECTION. TO JOIN, SIMPLY CONTACT TARA FREDRICKSON AT THE SECTION OFFICE, 1-800-444-3982.**

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**Nominating Committee Chair**

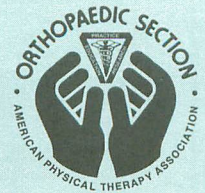
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# ◆ Foot and Ankle ◆

Special Interest Group  
Orthopaedic Section, APTA, Inc.



## CHAIR'S REPORT

Tom McPoil's expectations for the Pre-Conference FASIG course in Dallas were certainly exceeded when over 100 participants packed the lecture hall at the CSM meeting this past February. This in-depth educational program, spearheaded by Vice Chair Steve Reischel, included such speakers as Drs. Robert Donatelli, Mark Cornwall, and Tom McPoil along with Mike Wooden. This program was enthusiastically received by all who attended and seemed to stimulate a very healthy discussion in the area of foot and ankle. In fact, the program was so successful that the FASIG has been asked by the Orthopaedic Section to organize a two-day program on the topic of foot and ankle in the very near future.

The FASIG business meeting included reports from the various committees and significant progress was made in several areas. Irene McClay, Chair of the research committee, indicated that grants of \$1000 - \$5000 are available through the Orthopaedic Section Research committee. She also reported that a database is being set up on the SIG web site for individuals who would be available to assist practitioners interested in foot and ankle research. The database will also serve as a resource for information regarding possible research internships. The web site address is: <http://jan.ucc.nav.edu/~cornwall/fasig/fasig.html>. Irene also reported that plans for a foot and ankle research retreat are also in progress.

Joe Tamaro, chair of the practice act committee, presented the results of the proposed terminology related to the foot and ankle. This topic met with much discussion from all who attended, and it was concluded that the topic would be pursued further at the CSM meeting in Boston, February 1998.

Other new business included a presentation by Joe Godges regarding the direction of a two-tier specialization process within the APTA. Joe presented the possibility of an orthopaedic residency,

allowing individuals to sit for the OCS examination. These individuals could then enter fellowship programs in the area of foot and ankle, occupational health, performing arts, and manual therapy. He stated, however, that a practice analysis and definition of the curriculum to be implemented in the fellowships would have to be developed.

Elections were also held at the business meeting and produced the following results:

Chair - Stephen P. Baitch  
Secretary/Treasurer - Mark Cornwall  
Nominating Committee - Jim Burke and Walt Jenkins

As incoming chair of FASIG, I would like to personally thank Tom McPoil for his dedicated effort as chairman of FASIG for the past two years. Tom and his hard working committees have done a superb job in nurturing the program from its infancy into a well-rounded organization that represents an area of expertise whose recognition is well overdue.

In the advent of managed care, it is imperative that special interest groups such as FASIG continue to pursue their mission to promote research, education, and clinical excellence in the field of physical therapy. Without such special interest groups, it may become increasingly difficult to justify our existence as physical therapists.

I hope to continue to carry the torch lit by Dr. McPoil for the FASIG and work to make our organization even stronger as we carry our profession into the next millennium.

With regards,

*Stephen Baitch, Chair, FASIG*

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# THANK YOU!

I would like to thank the following individuals for their excellent presentations during the programming day at Dallas '97:

Tom McPoil, PhD, PT  
Joseph Tomaro, PhD, PT  
Stephen Reischl, PT, OCS  
Joe Godges, PT, OCS

- Stephen Baitch, Chair, FASIG

## FOOT & ANKLE SPECIAL INTEREST GROUP OFFICER LISTING

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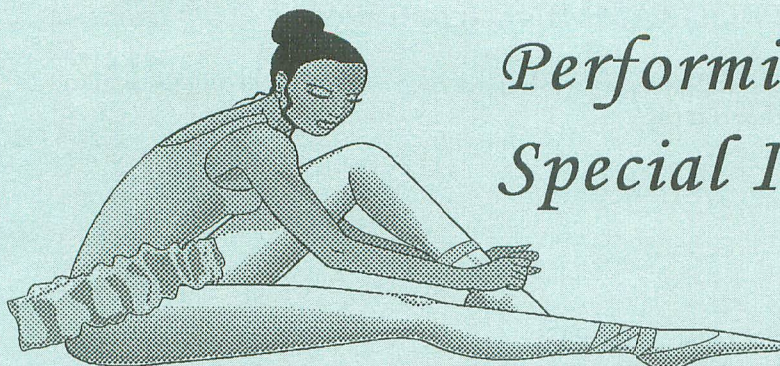
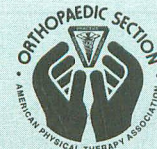
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Joe Tomaro, PT  
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Pittsburgh, PA 15212  
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(412)434-4909 FAX



# Performing Arts Special Interest Group

Orthopaedic Section,  
APTA, Inc.

## PRESIDENT'S MESSAGE

We are close to half a year away from Boston and excited to reunite once again as fellow clinicians who have an interest in the performing arts. We hope to set new records in attendance on behalf of the Performing Arts Special Interest Group. Once again you will notice the outstanding programming that the Vice President, Marshall Hagins, has put together. We guarantee you will not be disappointed with Boston's programming. Like Dallas, the programming should cover a wide spectrum of interest to meet the needs of the therapist just starting to work with performers to the therapist well established in this specialty.

There are also a number of active committees that are developing expectations and ob-

jectives for the five year plan. Don't miss out on such committees as the research committee, practice standard committee, PR committee, membership committee, and nominating committee. This is the one time of year that we have to network and discuss our special interest and share it with others. Plan on attending in February, mark it on your calendar, and we'll see you in Boston. Please feel free to contact any of the officers or committee chairs with your questions.

Sincerely,

*Brent D. Anderson, PT, OCS*  
*President, PASIG*

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## 1998 CSM PASIG PROGRAMMING

We have some wonderful events programmed for next year in Boston. The PASIG is teaming up with the Hand Section and the Foot and Ankle SIG. We are attempting to tap into the rich expertise that exists across the subdivisions of the APTA. The following is proposed, to date:

### Thursday, February 12

#### **PASIG Reception**

The PASIG is planning another party for members, potential new members, and friends. We hope to have some interesting entertainment. Save the date and join us.

### Friday, February 13 (in conjunction with the Hand Section):

#### **"Upper Quadrant Evaluation and Treatment of the Musician"** presentations include:

- Epidemiology of Upper Quadrant Injuries in the Musician
- Onsite Clinical Evaluation of Two Musicians
- Ulnar Neuropathy in the Musician
- Treating Neural Consequences of Repetition in Musicians and Keyboard Users
- Case Studies

---

## 1998 CSM PASIG PROGRAMMING (continued)

Friday, February 13 The PASIG is presenting the following workshop in response to a perceived demand to increase the quality and quantity of research within our SIG.

### **"Research and the Performing Artist"**

presentations include:

- Single Subject Research Design
- Options for Data Analysis
- Options for Manuscript Preparation

Saturday, February 14 (in conjunction with the Foot and Ankle SIG):

### **"Foot and Ankle Problems of the Dancer"**

presentations include:

- Epidemiology of Foot and Ankle Injuries of Dancers
- Treatment of Foot and Ankle Injuries of Dancers
- Imaging and Surgical Treatment of Foot and Ankle Injuries of Dancers
- Case Studies

*Marshall Hagins, PT*  
*Vice President, PASIG*

---

## CALL FOR NOMINATIONS

Two offices on the PASIG Executive Board are up for election this year: Vice President and Secretary. The nominating chair, Marika Molnar, is now accepting nominations. All nominees must be members in good standing with the Orthopaedic Section of the APTA. Job responsibilities include:

**Vice President:** Responsible for coordinating educational programming for APTA national meetings. Assumes duties of the President in the event he/she is unable to serve and/or attend scheduled meetings. The vice president is a voting member of the executive board. Term: 3 years.

**Secretary:** Records the minutes for all PASIG membership and Executive Board meetings. Coordinates the PASIG newsletter in OP. Carries out all official correspondence on behalf of the PASIG, including mailed notifications of meetings and election or notices specifically requested by the PASIG Executive Board. The secretary is a voting member of the executive board. Term: 3 years.

Nominations are due by close of business (EST) on October 31, 1997. Nominations should include the name and office and should be sent to: Marika Molnar, PT, PASIG Nominating Chair, Westside Dance Physical Therapy, 2109 Broadway, Suite 204, New York, NY 10023.

---

## PASIG MEMBERSHIP NEWS

Katy Keller, Christine Bratton, and Marika Molnar of Westside Dance Physical Therapy taught a one credit course for Columbia University's Program in Physical Therapy titled "Performance Physical Therapy for Instrumentalists and Dancers." This elective will be offered on an annual basis.

Mimi Zlatkowski, PT from Healthsouth, will be traveling to South Africa with the Alvin Ailey American Dance Company as the company therapist.

The Performing Arts Music Association (PAMA) held its annual conference on the Medical Problems of Musicians and Dancers from June 19 - 22, 1997 in Aspen, Colorado.

The Health and Performance Institute held its 5th annual conference, concerned with the care of musicians, on July 16 - 20, 1997 in Ithaca, New York.

The International Association for Dance Medicine and Science (IADMS) will hold its annual conference in Hartsfordshire, England from October 17 - 19, 1997.



## MENTORSHIP

The Orthopaedic Section maintains a list of members who are interested in providing mentorship to less experienced therapists. We encourage PASIG members to get involved. PT and PTA students seek affiliation sites, research advisors, and less official support from therapists who are knowledgeable performing arts clinicians. Contact Tara Fredrickson at the Orthopaedic Section office if you'd like to become a Performing Arts Mentor.

*Shaw Bronner, PT  
PASIG Secretary*



## PASIG RESEARCH COMMITTEE SURVEY

We are starting to plan for the implementation of prospective research studies at multiple sites. Right now we are asking you to write down the most common problems you see in your performing arts clientele as well as any ideas you may have on the treatments you have found to be most effective. Also please let us know if you are particularly interested in participating in a multi-site study that will begin on frequency and distribution of injuries, effectiveness of treatments, and rates of reinjury.

Please take a few minutes to fill out the survey below and mail it to Jennifer Gamboa, MPT, PASIG Research Chair, c/o Body Dynamics Rehab Services, 3808 Wilson Blvd., Arlington, VA 22203.



**PASIG RESEARCH COMMITTEE SURVEY**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Performing Arts Clientele:**

Dancer (Style: \_\_\_\_\_)      Musician (Instrument: \_\_\_\_\_)

Vocalist                      Gymnast                      Figure Skater                      Other: \_\_\_\_\_

**Common Injuries:** \_\_\_\_\_  
\_\_\_\_\_

**Treatment Interventions (specific to injuries listed above):** \_\_\_\_\_  
\_\_\_\_\_

**Interested in Participating in a Multi-Site Study:**

Very Interested                      Moderately Interested                      Not Interested

**PLEASE MAIL BY OCTOBER 15, 1997.**

# SPONSOR-A-STUDENT PROGRAM

**PURPOSE:**

To initiate students to the Orthopaedic Section, APTA, Inc., and serve as a liaison and/or assist in the transition for the student preparing to enter the profession of physical therapy.

**THE SPONSOR SHALL:**

- Assist with introducing the student to the Orthopaedic Section.
- Serve as a role model and a resource for questions.
- Sponsor the student financially by funding a one year membership in the Orthopaedic Section. The cost for student membership is \$15.00.

**QUALIFICATIONS:**

The sponsor must be a member of the Orthopaedic Section and interested in promoting the physical therapy profession.

**PROCESS:**

1. Sponsor will send in Sponsor Application to the Orthopaedic Section office.
2. Office will enter sponsor in computer and send sponsor's application to the PT or PTA program within that sponsor's area (when possible), or to sponsor's school preference if indicated.
3. School liaison will coordinate with the students interested in participating; assisting with matching the student with a sponsor.
4. School will forward student's name to the Orthopaedic Section's office.
5. Orthopaedic Section will notify sponsor of his or her student.
6. Sponsor will contact assigned student.
7. An evaluation form will be sent to student participants and sponsors at the end of one year.

**FOR MORE INFORMATION ON THIS PROJECT, CONTACT THE ORTHOPAEDIC SECTION OFFICE AT 1-800-444-3982.**

**WHY GET INVOLVED?**

To assist students in the transition from PT or PTA school to professional involvement in the APTA and the Orthopaedic Section.

## SPONSOR APPLICATION

NAME: \_\_\_\_\_ PT\_\_ PTA\_\_

Other degree(s) earned: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

SCHOOL PREFERENCE (if any): \_\_\_\_\_

- |   |   |   |
|---|---|---|
| 1. Would you be willing to sponsor a student(s) from a different school than the school you listed? | Y | N |
| 2. Would you be willing to sponsor a PTA student?   | Y | N |

AREAS OF EXPERTISE: (please state in 25 words or less)

\_\_\_\_\_

\_\_\_\_\_

AREAS OF PROFESSIONAL INVOLVEMENT:

\_\_\_\_\_

\_\_\_\_\_

AREAS OF PRACTICE:

\_\_\_\_\_ Ortho \_\_\_\_\_ Pediatric \_\_\_\_\_ Geriatrics \_\_\_\_\_ Private Practice \_\_\_\_\_ Sports Medicine

\_\_\_\_\_ Hand Rehab \_\_\_\_\_ Neuro \_\_\_\_\_ Home Health \_\_\_\_\_ SNF/ECF/ICF

\_\_\_\_\_ Academic Institution \_\_\_\_\_ Research \_\_\_\_\_ Hospital \_\_\_\_\_ Rehab Center (Inpt.)

\_\_\_\_\_ Rehab Center (Outpt.) \_\_\_\_\_ School System \_\_\_\_\_ Industry \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE RETURN TO:**  
 ORTHOPAEDIC SECTION, APTA, INC.  
 2920 East Avenue South  
 La Crosse, WI 54601

# SNEAK PREVIEW

## Home Study Course 98-1

## Occupational Health

☞ **The Science of Ergonomics**  
Mark Anderson, PT

☞ **Consulting with Business and Industry**  
Joanette Alpert, PT

☞ **Clinical Management of the Injured Worker**  
Linda Darphin, PT

☞ **Marketing and Contracting for On-site Physical Therapy**  
Roberta Kayser, PT, Stephen Hunter, PT, Steven Crandall, PT

☞ **Functional Capacity Evaluation**  
Ed Barnhard, PT

☞ **Issues in Employment Testing and the ADA**  
Sue Patenaude, PT

Look for your brochure with more details regarding this home study course in the mail soon!!!

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Membership Lapel  
Pins



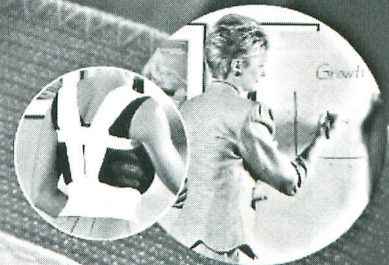
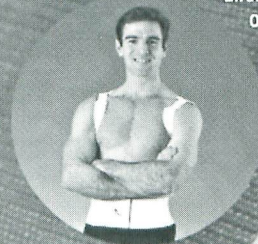
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- critically appraise physical therapy databases

## Course Faculty:

**Jill Binkley, MCISc, PT, COMP, FAAOMPT** is a clinician and clinical researcher in Dahlonega, Georgia and Assistant Professor (PT) in the School of Rehabilitation Sciences at McMaster University, Hamilton, Ontario. She is a fellow of the American Academy of Orthopaedic Manual Physical Therapy and a certified Canadian Orthopaedic Manipulative Physiotherapist.

**Paul Stratford, MSc, PT** is an Associate Professor in the School of Rehabilitation Sciences and Associate Member in the Department of Clinical Epidemiology at McMaster University in Hamilton, Ontario.

Jill and Paul have published over 40 papers in journals such as *Physical Therapy*, *Physiotherapy Canada*, *Spine* and *Clinical Orthopaedics and Related Research* in areas including measurement properties of physical therapy tests and outcome measures.

## VANCOUVER, BC

October 4, 1997 (1 day)  
Contact: Jane Burns  
(PH) 604-986-8492

## CALGARY, AL

October 5, 1997 (1 day)  
Contact: Jane Burns  
(PH) 604-986-8492

## ATLANTA, GA

October 24&25, 1997 (1 1/2 days)  
Contact: Sue Ann Lott  
(PH) 706-864-0755

## TORONTO, ON

April 3&4, 1998 (1 1/2 days)  
Contact: Gerry Ross  
(PH) 905-459-5891

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